BOOKING FORM

BOOKING FORM

Tour Destination: .....

Tour Departure Date: .....

Name and Address of Person Booking *(including Postcode)*:

.....

.....

.....

..... Date of Birth.....

Telephone No. ..... (Date of Birth only required for Continental Tours)

Names of other members of the Party:

1. ..... D.O.B. .....
2. ..... D.O.B. .....
3. ..... D.O.B. .....
4. ..... D.O.B. .....

Emergency Contact Name: .....

Telephone No. .....

Type of accommodation required: TWIN ☐ DOUBLE ☐ SINGLE ☐ FAMILY ☐ TRIPLE ☐

PLEASE NOTE ALL COACHES ARE NON-SMOKING

Signature .....

Special requests: (cannot be guaranteed) .....

.....

Pick Up Point: .....

Deposit People at £40.00 .....

Insurance: People at £ .....

Total enclosed £ .....

PAYMENT BY CARD

Please complete the following section if you wish to pay by Credit Card (Visa, Access & Mastercard, or by Debit Card (Switch):

Card No. .....

Valid from: ..... Expires: ..... Issue No. (if Switch): .....

Security Code (last 3 digits on reverse of Card .....

Cardholder's Signature: .....

Cardholder's Name: .....

Cardholder's Address and Postcode (if different from above): .....

.....

If using your own insurance please complete below:

Name of Company & Address	Policy No.

Please make cheques payable to: and send them to:

ABERFELDY MOTOR SERVICES
BURNSIDE GARAGE
ABERFELDY
PH15 2DD
Tel 01887 820433

COACH PLAN

DOOR			DRIVER	
1	2		3	4
5	6		7	8
9	10		11	12
13	14		15	16
17	18		19	20
21	22		WC	WC
23	24		WC	WC
25	26		27	28
29	30		31	32
33	34		35	36
37	38		39	40
41	42		43	44
45	46	47	48	49

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