



PLEASE PROVIDE INFORMATION REQUESTED BELOW CLEARLY, AND RETURN TO YOUR GROUP ORGANISER

TITLE	FIRST NAME	MIDDLE	SURNAME	DATE OF BIRTH	TWIN/DOUBLE/SINGLE
					Who are you sharing with?
HOUSE NO	ADDRESS			TOWN	POSTCODE
TEL NO*	MOBILE NO *	EMAIL*			

EMERGENCY CONTACT NAME	ADDRESS	POSTCODE	TEL: DAY/EVENING

ADDITIONAL DETAILS TO HELP US WITH YOUR BOOKING

Dietary Requirements/Allergies, (if any): _____

Do you have a health or medical issue you may wish to tell us about?: _____

Please note to get the most out of this holiday a reasonable level of fitness and mobility is required.

Please tell us if you require assistance, and/or have a location requirement for your hotel room (we can request and check options) _____

Tour deposit(s)	£
-----------------	---

DEPOSIT PAYMENTS CAN BE MADE BY CARD OR CHEQUE.

CARD PAYMENT

Select Type of Card Credit: Debit: Card No:

Expires Issue No (Debit Cards Only) Name (as it appears on card) _____

CHEQUE PAYMENT Please make cheques payable to: European Connoisseurs Travel

PLEASE ENSURE YOU SIGN AND DATE THE BOOKING FORM BELOW.

I understand that my personal details will only be used to process my booking and that deposit payments are non-refundable.

I agree to the terms set out in the booking conditions which can be viewed at: www.ecttravel.com

* **Yes Please!** I am happy for you to keep me up to date with other tours you offer: by phone by email

SIGNATURE: _____ DATE: _____

PLEASE RETURN THIS BOOKING FORM TO YOUR GROUP ORGANISER

European Connoisseurs Travel Ltd trading as ECT Travel is an appointed representative of ITC Compliance Limited which is authorised and regulated by the Financial Conduct Authority (their registration number is 313486) and which is permitted to advise on and arrange general insurance contracts.

Glenis Smith with the deposit payment of £60 per person, made payable to ECT Travel Ltd

DEPOSIT DUE DATE: 30 November 2023