

BIRD HOLIDAYS

w o r l d . w i d e

BOOKING FORM

Bird Holidays Ltd, registered office: 10 Ivegate, Yeadon, Leeds LS19 7RE. We hold an ATOL licence, number 5546, issued by the CAA.

Please use BLOCK CAPITALS

	TITLE	FIRST NAME, MIDDLE NAME(S) AND SURNAME – these names are used for booking the flights and must be exactly as on passport	FIRST NAME YOU PREFER TO BE KNOWN BY	TICK IF SINGLE SUPPLEMENT REQUIRED
1				
2				

	DATE OF BIRTH dd.mm.yy	NATIONALITY	PASSPORT NUMBER	START DATE dd.mm.yy	EXPIRY dd.mm.yy
1	/ /			/ /	/ /
2	/ /			/ /	/ /

* If you get a new passport it is essential that you advise us of the new details before you travel.

NAME: _____ ADDRESS: _____ _____ _____ POSTCODE: _____	TELEPHONE (HOME): _____ TELEPHONE (MOBILE): _____ E-MAIL : _____
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HOLIDAY DESTINATION	DATE COMMENCING	DATE RETURNING	DEPARTURE AIRPORT

SPECIAL REQUIREMENTS (E.G. VEGETARIAN, TWIN BEDS)	
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Domestic flights are available on many tours for under £100 return, from Manchester and other regional airports. **If you would like us to arrange one please state your preferred UK airport here.** When we are ready to book the flight we will contact you about the price and airport connection times, at which time you can decide how to proceed.

Please give details of your travel insurance on the line below (company name and policy number). For Holiday Extras insurance, please telephone 0800 093 1900 and quote AD205.

I enclose a cheque for £..... being the deposit for persons. **Payable to Bird Holidays Ltd.**

I wish to pay by debit/credit card the sum of £..... being the deposit for persons.

If you wish to pay by debit/credit card please give details overleaf (card number, expiry date, type of card, security number).

Name, address and phone number of next of kin (not travelling) _____

Does any member of the party have a medical condition which we should be aware of (eg. diabetes, epilepsy etc.)? Yes / No
 If 'yes' please give details overleaf. We only need information about factors that might affect your ability to join in all the activities, and/or conditions that the leader must know about in case of emergency.

I have read the conditions of booking and I accept them on behalf of all the above named persons.

Signature of first named person _____ Date _____

Please return completed booking form to: **BIRD HOLIDAYS, 10, IVEGATE, YEADON, LEEDS, LS19 7RE**