

Trade Ref:

Booking Form

Please make sure you have read the Information and Booking Conditions (Pages 61-62 and 66) before completing, signing and returning your form.
Please use block capitals to fill out the form. Contact us direct if you have a problem.

Title	First Names *(please underline the first name you normally use)	Surname	Date of Birth

*PLEASE MAKE SURE YOU ENTER THE NAME DETAILS EXACTLY AS ENTERED ON THE PASSPORT.

Address
Postcode:

Contact Numbers
Home tel:
Work tel:
Mobile:
Email:

Name of Holiday as shown in the Brochure

Please tick here if you would like to receive our e-marketing communications.

Your data **will not** be shared with a third party. You can, at any stage, ask for your details to be removed from our database.

Hotel Room Requirements	Non-smoking (please tick) <input type="checkbox"/>
Twin or Double (either):	
Twin (only)	
Willing to share (Twin)	
Single	

Non-smoking (please tick)
subject to availability

Date of Departure

Baltic Tour
Tick box if willing to share on overnight trains <input type="checkbox"/>

Connecting flights from regional airports and upgrades available upon request

UK Holidays
Railcard Type

Deposit Payment (All debit/credit card information will be destroyed after the deposit has been taken)	
Deposit payment by Debit Card <input type="checkbox"/> Credit Card <input type="checkbox"/> (or by cheque below)	Security No. last 3 digits on reverse
Card Number:	Expires end
Name on Card	Amount £
Signature Credit/debit card only:	Date

Please tick if required



I enclose a cheque remittance of £ being deposit(s) as shown in the price box for each holiday.
I undertake on behalf of myself and my party to take the holiday as advertised and to pay the balance of the money required no later than 10 weeks before the date of departure. I have read and understood the booking conditions and have signed and dated the form.

PLEASE NOTE: Your signature below will also be taken as an indication that you and members of your party are not travelling against the advice of a qualified medical practitioner. **PLEASE TURN OVER.**

Signature	Date
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Our question to you ?

Are you an existing Ffestiniog Traveller? (please circle as appropriate). If not, how did you hear about Ffestiniog Travel?	NO
	YES

Additional Information Needed to Process your Booking

Passport Information

Name	Passport Number	Issue Date	Expiry Date	Nationality	Passport Issuing Authority

Airlines are now required to forward Passport Information to the relevant Immigration Department of the country you are visiting prior to arrival.

Personal Information

To comply with the Data Protection Act, any medical information provided here will not be disclosed to your insurance provider. It is your responsibility to ensure that any relevant information is passed to your insurance company.

Medical Information (e.g. diabetic)	Dietary Requirements (e.g. vegetarian)	Emergency Contact Details (name & tel. no.)

Insurance Information

Insurance Company	Policy Number	24hr Emergency No

We are required by law to notify suppliers of clients with reduced mobility including people with walking difficulties, broken limbs, also pregnant women. Please indicate here if you have reduced mobility and other information you believe to be relevant to your booking.

Are you travelling with anyone else who has sent us a booking form independently? If so, whom?

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Is there anything else you feel we need to know about your booking? eg Airport hotel prior to departure, Rail ticket to London etc.

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Please return signed form to:

Ffestiniog Travel
1st Floor Unit 6
Snowdonia Business Park
Penrhyndeudraeth
Gwynedd
LL48 6LD

Tel: +44 (0) 1766 772030
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Web: www.ffestiniogtravel.com

Ffestiniog Travel is the trade name of Ffestiniog Railway Holdings Ltd. Company No 2555576

