booking form

ARTEMISTRAVEL

PLEASE COMPLETE IN BLOCK CAPITALS			
Resort:		Accommodation type:	
Number of people staying:		Number of people staying:	
Date of arrival:		Date of departure:	

Title:	Initials:	Surname:	Age:

I enclose my £50 deposit.
Full payment must be sent if booking within 8 weeks.

Payment by credit card or debit card

I wish to pay by: ☐ Mastercard ☐ Visa ☐ Switch

Please charge my account for: £

Card No:

Name on card:

Expiry date:

Signature:

Lead passenger's address (or agents stamp):

Telephone:

Special requests/extras *(we shall endeavour to do our best but cannot guarantee these):*

- ☐ Grocery Pack £10
- ☐ Cot £10
- ☐ High chair £10
- ☐ Airport Transfer
- ☐ Other: _____

Declaration

I certify that on behalf of the person(s) included on this form by whom I am authorised that I/we have read and agree to the conditions of the General information and Contract, and that I am over 18 years of age. I accept that it is a condition of travel that all members of the party hold adequate holiday insurance to cover cancellation and medical expenses. I agree to indemnify Artemis Travel for any costs that arise due to inadequate insurance cover being held by any member of the party. A also confirm that the details on this form are correct. (Persons under 18 must have the signature of a parent or guardian.)

Signature of lead passenger:

Date:

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