

SCENIC & CAR TOURS BOOKING FORM

TOUR TITLE _____ DEPARTURE DATE _____ No. NIGHTS _____

LEAD NAME OF PERSON TO WHOM ALL CORRESPONDENCE IS TO BE SENT

MR/MRS/MS _____ FIRST NAME _____ SURNAME _____

FULL ADDRESS _____

_____ COUNTY _____ POSTCODE _____

E-MAIL ADDRESS _____ Telephone (Day) _____

(Please note: All documentation will be sent electronically unless otherwise requested) Telephone (Mobile) _____

HOTEL / ROOM DETAILS: (Please note: ALL passengers names must be shown as per their passport)

	MR/MRS/MS	FIRST NAME	SURNAME*	ROOM TYPE	NATIONALITY	PASSPORT No.	D.O.B.
ROOM 1							
ROOM 2							

VEHICLE DETAILS:

	LEAD SURNAME*	MAKE	MODEL	REGISTRATION	YEAR REGISTERED	HEIGHT (if over 1.8m)	No. OCCUPANTS	CAR CLUB (if Applicable)
CAR 1								
CAR 2								

SPECIAL REQUESTS: (Please note: Although every effort will be made to satisfy your request, we cannot guarantee this)

NAME _____ SPECIAL REQUEST _____

NAME _____ SPECIAL REQUEST _____

NAME _____ SPECIAL REQUEST _____

SEA CROSSING PREFERENCE: (if Applicable)

PREFERRED ROUTE:

OUTBOUND _____ RETURN (If different from outbound) _____

i.e. Dover - Calais, Folkestone - Calais, Harwich - Hook of Holland, Hull - Rotterdam, Holyhead - Dun Laoghaire etc...

If Short Sea: Ferry EuroTunnel - Preferred Crossing Times: Outbound _____ Return _____

HOLIDAY COSTS

ITEM	PRICE PER PERSON	No. REQ'D	TOTAL
Basic Holiday Price	£	X	= £
Single Supplement	£	X	= £
Other Supplements, Excursions, Reduction			
	£	X	= £
	£	X	= £
	£	X	= £
	£	X	= £

Total Holiday Cost £

Less Non Refundable Deposit (see below) £

Balance due 10 weeks prior to departure £

DEPOSIT AMOUNTS: £50 Per Person for holidays up to £300 / **£100 Per Person** for holidays from £300 to £500 / Then **20% of holiday cost** on all holidays over £500

PAYMENT DETAILS

YOUR PREFERRED METHOD OF PAYMENT :

Cheque (enclosed) Credit/Debit Card Direct Bank Transfer (Please tick)

Credit Card Details: Mastercard Visa Debit Card

Name as shown on Card: _____

Expiry Date _____ Issue Date/Number _____ CVV Security No. _____
(Last 3 digit number on the back of your card)

I certify on behalf of all the persons named on this booking form, by whom I warrant that I am authorised to make this booking, that I/we have read and agree to Continental Car tours terms and conditions of booking and relevant holiday information. I am over 18 years of age.

Signed _____ Date _____

HOW DID YOUR HEAR ABOUT US ?

SEND YOUR COMPLETED BOOKING FORM TO:

Scenic Car Tours, Albatross House, 14 New Hythe Lane,
Larkfield, Kent ME20 6AB or E-mail to sales@sceniccartours.com

For a copy of our Terms & Conditions of booking see our website: www.sceniccartours.com