# BOOKING FORM

**SUMMER 2008**

Please complete and sign this form and send it or fax it to:

**Hidden Greece, 10 Upper Square, Old Isleworth TW7 7BJ Tel: 020 8758 4707 Fax: 020 8568 8330**

Please book the following travellers on the holiday outlined below

**Note: if you used our Booking Enquiry Form and have already sent us your address & phone details you may (if you insist!) omit them from this form.**

| | Title | First Name | Surname | Address | Phones Home/Work/Mob | Age† |
|---|---|---|---|---|---|---|
| | Me | | e-mail address: | | | |
| 2 | | | | | | |
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| 4 | | | | | | |
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| 7 | | | | | | |
| 8 | | | | | | |

† Age (on date of return flight) must be given for infants and children; an age indication (e.g. 40-50) for other travellers would be appreciated.

Please provide details of your holiday insurance in case of emergency:

**Insurer's name:** _____ **Policy no:** _____ **Insurer's 24-hour contact no:** _____

**If you used our Holiday Booking Enquiry to set the ball rolling, please enter only the basic details of the holiday as confirmed to you by phone/e-mail in the relevant 1st choice boxes. This form is intended mainly to comply with the legal requirement for there to be a written agreement between us.**

| | | | | | |
|---|---|---|---|---|---|
| **Departure date** | 1st choice: | | 2nd choice: | | Vegetarian meals on flight? |
| **Departure airport** | 1st choice: | | 2nd choice: | | Yes ☐ How many: ☐ |
| | 1st stay | 2nd stay | 3rd stay | 4th stay | 5th stay |
| **Resort** | | | | | |
| **Accommodation** | | | | | |
| **Board basis** | | | | | |
| **Room type(s)** | | | | | |
| **No. of days requested** | | | | | |
| **Car hire & no. of days** | | | | | |

## PAYMENT

I enclose: ☐ deposit of £250 p.p. ☐ Full payment of £

☐ Cheque enclosed / Please charge ☐ Visa ☐ Mastercard ☐ Maestro (issue no. )

**Total £** _____

Card number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry date: _____/_____ Signed:

Name & address on card if NOT the same as lead person: _____

☐ Please charge the balance of holiday payment to the same card when it becomes due.

☐ I will send the balance payment by cheque 2 months before departure

**2% handling fee for payment by credit card; no charge for debit card.*

## DECLARATION:

I confirm that I am over 18 and accept on behalf of all those listed above your conditions as set out in the website section headed "Boring Details".

Signed: _____ Dated: _____/_____/_____