Total Leisure Services Ltd

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BOOKING FORM

CI. NO: _____ ☐ Anderson Holidays ☐ Sunbreak Holidays ☐ Platinum Holiday

Holiday Details

Reference No. Given on telephone: _____
Departure Date: _____
Departure Airport: _____
Destination Airport: _____
Flight Code: _____
Number of Nights: _____

Travel Agent's stamp or home address

ABTA No: _____ AGENT REF: _____

Contact telephone number (in case of rescheduling)

HOME: _____ BUSINESS: _____

Insurance

Holiday insurance premium must be paid with your deposit. **The premium will be automatically added to your invoice unless you complete the following:** I have taken an alternative insurance policy which provides cover comparable or better than that of Total Leisure Services Ltd policy, including cancellation cover for all causes beyond my control and also offering a 24 hour emergency service.

My Insurers are: _____ Policy No: _____
24 Hr No: _____ Signed: _____

Name and address of lead party

Mr / Mrs / Miss / Ms / Other _____

Address: _____

_____

_____ Post Code: _____

Tel (Home) _____ Business _____

Mobile: _____ Fax: _____

E-Mail:

Passenger Details

Mr / Mrs/Ms/ Miss	Initials	Names(s) *(Party leader's name first)*	Golfer's Handicap	Age if under 18	Insurance

MEAL PLAN

BB – Bed & Breakfast HB – Half Board
FB – Full Board AI – All Inclusive
RO – Room Only S/C – Self Catering

ACCOM TYPE

ST – Studio APT – Apartment
VIL – Villa WB – Water Bungalow
DLX – Deluxe Room SUP – Superior Room
OTH – See Endorsement

Accommodation Details

REF	ACCOMMODATION NAME	ACCOM CODE	No. OF NIGHTS	ACCOM TYPE	Accommodation Type: SINGLE	TWIN	OTHER (*Specify*)	MEAL PLAN	ACCOM ONLY
1.									
2.									

Pre-bookable seats (if offered)

Window ☐ Aisle ☐ _____ ☐

Dietary Requests: _____

Airport Parking: ____ Ngts Departure Airport _____

Hotel Parking: _____ Hotel Name _____

From: _____ to: _____

Car Hire

Resort: _____
Starting Date: _____
Type of Car: _____
Number of Days: _____

Car required at accommodation: ☐ or at airport ☐ (*Please tick*)

IMPORTANT – I confirm that I am duly authorised to make this booking on behalf of all persons named above, and that I will indemnify Total Leisure Services Ltd to debit against any breach of those person's contract as detailed on 'Your Booking Conditions'. I further confirm that I have read and understood the terms and conditions and information feature of this booking and I understand that this booking is subject to these. I am over 18 years of age.

Signature *(of lead name)* _____ Date: _____

Payment Summary

Deposit 25% of total holiday cost plus full cost of insurance as applicable
Balance Due 84 days prior to departure

Deposit	£		X	%	= £	
Late Booking	£		X	100%	= £	
Insurance Premium adults	£		X		= £	
Insurance Premium children	£		X		= £	
Other	£		X		= £	
				Total	= £	

Should you wish to pay by credit card, a payment authorisation form will be sent separately. Once payment is collected, accommodation and flights will be confirmed and you will be sent the confirmation invoice.