

# IGC TRAVEL LTD - Booking Form

BOOKING REF.	DESTINATION	DEPARTURE DATE
Hotel name:	Rooms Req. Please tick Single <input type="checkbox"/> Twin <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/>	

Mr/Mrs/Miss	Initial	Surname	Date of birth	Pickup Point	Insurance (please tick if required)	Special requirements

Lead name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone no. \_\_\_\_\_

Emergency contact name and number: \_\_\_\_\_

I confirm that on behalf of myself and the others in my party, I have read, understood and accepted the booking conditions provided in this brochure

Signed \_\_\_\_\_ Date \_\_\_\_\_

### INSURANCE DISCLAIMER

I acknowledge that a member of your staff has explained to me the importance of having insurance cover in respect of my holiday booking and that I have been shown details of the insurance plan you are able to offer. I have/have not decided to make my own insurance arrangements for those individual names which appear on the booking form. I therefore agree to indemnify your company against any expense which anyone in my party may incur as a result of having inadequate insurance protection with affect from today.

Name of Alternative Insurance Company \_\_\_\_\_

Name of Passenger \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Booking Ref \_\_\_\_\_

### REMITTANCE

Holiday Cost @ £ \_\_\_\_\_  
 Single Supplement @ £ \_\_\_\_\_ Insurance @ £ \_\_\_\_\_  
 Deposit @ £ \_\_\_\_\_  
 Total amount enclosed £ \_\_\_\_\_

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