

Booking Form

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| WALKERS DETAILS |
| Title | First Name | Surname | Date of Birth |  | Title | First Name | Surname | Date of Birth |
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| POSTAL ADDRESS FOR MAIN CONTACT |
| House name/no |  |  | Telephone: Home |  |
| Street |  | Telephone: Work |  |
| Address (1) |  | Mobile  |  |
| Address (2) |  | (Mobile for emergency, office, accom providers and taxi companies) |
| Address (3) |  | Preferred contact number | Mobile / Home / Work |
| Post/Zip Code |  | Email |  |
| Country |  | Emergency contact & number |  |

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| HOLIDAY DETAILS |
| Choice of walk (e.g. Offa’s Dyke) | Holiday code | Date of Arrival  (first night) | Date of departure | Start Point | Finish Point | No of Nights |
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| Number of Rest Days required |  | Location (s)  |  |
| Preferred Daily Distance (tick box) | 8 – 12 miles |  | 10 – 15 miles |  | 12 – 16 miles |  | Other |  |

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| ACCOMMODATION |
| Room requirement | Room types – a single room has one bed for one person, a double room has one bed for two people, a twin room has two single beds for two people. Ensuite facilities will be booked wherever possible.  |
| Double |  | Twin |  | Single/single occupancy |  | Family room |  |
| Dietary Restrictions/Allergies |  |

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| TRAVEL: ARRIVAL / DEPARTURE |
| Public Transport | Yes | No |  |
| Car | Yes | No |  | Car parking required (charge may apply) | Yes | No |
| Taxi transfers required (extra charge) | Yes | No |  |
| Any additional information |  |

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| Please supply any other relevant information which could help us fulfil your holiday requirements: |
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| How did you hear about Celtic Trails  |
|  |  | Internet Search |  | Paper/magazine (please advise name of publication) |  |
| Recommendation |  | Other |  | Guide book (please advise name of publication) |  |

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| DEPOSIT PAYMENT |
| A deposit of £100 per person (£150 for single person bookings) is required with confirmation of booking. |
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|  | Cheque (made payable to Celtic Trails Ltd) | UK customers and accounts only |
|  | Bank Transfer (please enquire for details) | UK customers and accounts only |
|  | Debit Card |  |
|  | Credit Card – Visa or MasterCard only |

CARD NUMBER

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Full Name on Card:

Expiry Date (month/year): \_ \_ / \_ \_

Last three digits of security no (on reverse side of card below signature):

Valid from (month/year): \_ \_ / \_ \_

Signature of cardholder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BALANCE PAYMENT

Your holiday balance is due 8 weeks before your holiday begins.

This booking is subject to Celtic Trails Booking Conditions. I confirm that I have read and understood the Booking Conditions and agree to be bound by the terms therein.

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

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

**PLEASE RETURN THIS COMPLETED BOOKING FORM TO CELTIC TRAILS WITH YOUR DEPOSIT PAYMENT**

**POST** Celtic Trails, PO Box 11, Chepstow, NP16 6ZD

**EMAIL** walk@celtic-trails.com

**FAX** +44 (0) 1291 689846

For additional information please call our friendly and informed team of Walk Co-ordinators: Tel +44 (0) 1291 689774