



Booking Form

WALKERS DETAILS							
Title	First Name	Surname	Date of Birth	Title	First Name	Surname	Date of Birth

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	

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

Number of Rest Days required		Location (s)	
Preferred Daily Distance (tick box)	8 – 12 miles	10 – 15 miles	12 – 16 miles Other

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			

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					

Please supply any other relevant information which could help us fulfil your holiday requirements:

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)

DEPOSIT PAYMENT	
A deposit of £100 per person (£150 for single person bookings) is required with confirmation of booking.	
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