

BIRD HOLIDAYS

w o r l d . w i d e

BOOKING FORM

Bird Holidays Ltd, registered office: 10 Ivegate, Yeadon, Leeds LS19 7RE
 Bird Holidays Ltd hold an ATOL licence number 5546, issued by the Civil Aviation Authority.

Please use BLOCK CAPITALS

	TITLE	FIRST AND LAST NAMES – EXACTLY AS SHOWN ON PASSPORT	FIRST NAME YOU WISH TO BE KNOWN BY	DATE OF BIRTH	TICK IF SINGLE SUPPLEMENT REQUIRED
1					
2					

	NATION -ALITY	PASSPORT NUMBER	EXPIRY DATE
1			
2			

NAME: _____

ADDRESS: _____

POSTCODE: _____

TELEPHONE (HOME): _____

TELEPHONE (MOBILE): _____

E-MAIL ADDRESS: _____

HOLIDAY DESTINATION	DATE COMMENCING	DATE RETURNING	DEPARTURE AIRPORT

SPECIAL REQUIREMENTS (E.G. VEGETARIAN, DOMESTIC FLIGHTS)	
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Domestic flights are available on many tours for under £100 return, from Manchester and other regional airports. **If you would like us to arrange one please state your preferred UK airport here.** When we are ready to book the flight we will contact you about the price and airport connection times, at which time you can decide how to proceed.

Please give details of your travel insurance on the line below (company name and policy number). For Holiday Extras insurance, please telephone 0871 3602742 and quote AD205.

*I enclose a cheque for £..... being the deposit for persons. **Payable to Bird Holidays Ltd.**

*I wish to pay by debit/credit card the sum of £..... being the deposit for persons.

If you wish to pay by debit/credit card please give details overleaf (card number, expiry date, type of card, security number).

***Delete above as applicable.**

Name, address and phone number of next of kin (not travelling) _____

Does any member of the party have a medical condition which we should be aware of (eg. diabetes, epilepsy etc.)? Yes / No
 If 'yes' please give details overleaf.

I have read the conditions of booking and I accept them on behalf of all the above named persons.

Signature of first named person _____ Date _____

Please return completed booking form to:

BIRD HOLIDAYS, 10, IVEGATE, YEADON, LEEDS, LS19 7RE