

Booking Form

Please return to: Taber Holidays, PO
Box 176, Tofts House, Tofts Road,
CLECKHEATON, BD19 3WX.

Taber Holidays

BOOKING REF.	DEPARTURE AIRPORT	HOLIDAY NAME	NO. NIGHTS	DEPARTURE DATE
<i>* As per your passport</i>	LEAD NAME	2ND PERSON	3RD PERSON	4TH PERSON
TITLE (Mr, Mrs, Miss, Ms, Other)				
SURNAME*				
FIRST NAME*				
DATE OF BIRTH				
HOME ADDRESS				
ROOM AND/OR CABIN				
DAYTIME TEL. NO.				
MOBILE NO.				
EMAIL ADDRESS				
SPECIAL REQUESTS (eg. Vegetarian, diabetic, low floor room etc)				
SHOE SIZE (winter only)				
CLOTHES SIZE (S,M,L,XL)				
HOW DID YOU FIRST HEAR ABOUT TABER HOLIDAYS?				

INSURANCE

It is a requirement that all passengers travelling with Taber Holidays have travel insurance (either independently or through their Travel Agent) to cover their holiday arrangements. Please complete the following:

I have taken out Travel Insurance to cover my holiday arrangements and personal possessions. Details are as follows:

MY INSURERS ARE: _____

24 EMERGENCY CONTACT NUMBER: _____

SIGNED: _____

PAYMENT AUTHORITY

I enclose - ☐ Cheque ☐ Credit Card Authority for:

Deposit/s (£150 per person)	£
Balance (within 8 weeks of departure)	£
Total Enclosed	£

Note: Cheques made payable to Roy Taber Ltd.

I certify that I am authorised to make this booking on behalf of the persons named above and that I am responsible for ensuring due payment of all monies payable in respect of this booking and I have read and agree to accept the Booking Conditions and, if applicable, the details of insurance.

SIGNATURE _____ DATE _____

AGENT NAME & ADDRESS

Agent's Reference:

ABTA No:

CREDIT CARD PAYMENT

I wish to pay by ☐ MASTERCARD ☐ VISA ☐ Debit Card

☐ Deposit Only ☐ The Full Balance

CARD NUMBER

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Cardholder Name: _____

Start Date: _____ Expiry Date: _____ Issue No: _____

Security Code: _____ Signature: _____

Cardholder Address: _____

Credit Card Charges: *In line with most operators, we will make a charge of 2% for balances paid by credit card.*