CELTIC TRAVEL HOLIDAYS LTD

NEW STREET • LLANIDLOES • POWYS • SY18 6EH

TEL: 01686 412231

BOOKING FORM

TOUR REF	DESTINATION		N DEPARTURE DATE		RE DATE	RETURN DATE		No OF DAYS		
TITLE	INITIALS		SURNAME				DATE OF BIRTH		AGE IF UNDER 14	
ACCOMMODATION / ROOM TYPE								COACH SEAT No		
JOINING POIN	NT									
SPECIAL REQUIREN Special requireme	MENTS nts are on a reque	st basis only	/ and no	t guaranteed						
COST OF TOUR		£			No OF PASSENGERS x			£		
SUPPLEMENTS					No OF PASSENGERS x			£	£	
TOTAL AMOUNT DUE							£			
LESS DEPOSIT PAID		£			No OF PASSENGERS x			£		
LESS GIFT VOUCHER			No OF			OF PASSENGERS X				
OUTSTANDING BALANCE TO BE PAID							£			
and/or cancelled Luggage: Each p Mobility Scooter Inform us if you Your booking is in This insurance is Inww.ipplondon.co	d passenger is allowers: We can only awill be bringing ansured by IPP Limonly valid for pasouk pass & phone numers	wed one sui accept a co a Scooter ited and its ssengers wh	itcase a ompact Panel (o book	approximately 25 Mobility Scooter of Insurers.	x8x15 and one paire. It is that can be writh to Geltic Trans	piece e dism avel H	of hand luggage nantled and placed olidays Ltd. For furt	into a	seats maybe altered boot of a car. Please rmation see	
					Next Of Kin con					