

Holidays2 Australia Booking Form

Please complete **all sections** of this form. Alternatively, you may print then post your completed form to: Holidays2 Ltd, 2 Woodcote, Maidenhead, Berkshire SL6 4DU. You may also fax it to 0870 112 5852.

To discuss any aspect of your holiday please telephone 01628 593 420.
Please take time to read and understand the applicable booking conditions.

YOUR TELEPHONE NUMBER (INCLUDING STD CODE)

Home:

Work:

Date of Departure

YOUR NAME AND ADDRESS

Title

Forename

Surname

Address	
Postcode	
Email	

ALL MEMBERS OF YOUR PARTY, INCLUDING YOURSELF

	Title	Forename	Surname
1			
2			
3			
4			
5			
6			
7			

Name of Tour	<input type="text"/>
---------------------	----------------------

Holiday Reference Number	<input type="text"/>
---------------------------------	----------------------

Departure Date	<input type="text"/>
-----------------------	----------------------

Departure Airport	<input type="text"/>
--------------------------	----------------------

SPECIAL REQUESTS

<p>Please specify any special requests in the space opposite .We always try to satisfy special requests, but please note that in line with our Booking Conditions these cannot be guaranteed</p>	<input type="text"/>
--	----------------------

Holidays2 Australia Deposit

A standard non-refundable deposit of £150 per person is payable at the time of booking

Total Remittance	£ <input type="text"/>
------------------	------------------------

Cheques should be payable to **Holdiays2 Ltd.**

If paying by credit card, please fill in the following details before printing and returning the form by face or post.

Name of Holder	
Address (if different from above)	
Card type (American Express, JCB, Mastercard, VISA)	
Expiry date	
Card Number	

Please note that in with other tour operators, we make a charge of 2.25% for balance of payments made by credit card, not on deposits, this being the charge levied on us by the card companies.

Declaration

By ticking the box below, I confirm on behalf of all persons in the travelling party named above, that I have read and understood the Booking Conditions. I accept full responsibility to ensure that all members of the named travelling party comply with the necessary health, passport and visa requirements for the proposed trip.

Please tick this box if you would us to record your details and email you to keep you informed of news, events and offers:

For printed and posted bookings only

Print Name	
Date	
Signature	