

SwanTours Booking Form 2018/2019

How to book your SwanTour

1. Please call us on 01805 603706, and we will make a reservation for you.
2. When calling, please don't hesitate to ask for any advice or information you may need to ensure that the holiday you have chosen is right for you.
3. Please make sure you have read the booking conditions, to familiarise yourself with our terms of business.
4. Now please fill in the tour title, tour number and departure date of the tour you have booked.

Tour title _____
Tour title _____
Tour title _____

Departure date
Departure date
Departure date

5. Next, please list the names, addresses, seat numbers you were allocated, and pick-up point of each person travelling.
If any member of your party declines our travel insurance, they must provide the name and policy number of an alternative insurer.

SwanTour Traveller 1

Title _____ Initials _____ Forename(s) _____
Surname _____
Address _____
Postcode _____ Date of birth
Tel (inc. Std code) _____
Email address _____
Allocated seat numbers: Tour 1 Tour 2 Tour 3
I am a new client to SwanTours and have been recommended by: *
Name _____ Postcode _____

Room type: Double (1 large bed) Twin (2 single beds) Single
Pick up point (if not home address) _____
Postcode _____
I require your travel insurance Yes No
If NO please supply alternative insurer's name _____
Policy no. _____ Expiry date _____

SwanTour Traveller 2

Title _____ Initials _____ Forename(s) _____
Surname _____
Address _____
Postcode _____ Date of birth
Tel (inc. Std code) _____
Email address _____
Allocated seat numbers: Tour 1 Tour 2 Tour 3
I am a new client to SwanTours and have been recommended by: *
Name _____ Postcode _____

Room type: Double (1 large bed) Twin (2 single beds) Single
Pick up point (if not home address) _____
Postcode _____
I require your travel insurance Yes No
If NO please supply alternative insurer's name _____
Policy no. _____ Expiry date _____

SwanTour Traveller 3

Title _____ Initials _____ Forename(s) _____
Surname _____
Address _____
Postcode _____ Date of birth
Tel (inc. Std code) _____
Email address _____
Allocated seat numbers: Tour 1 Tour 2 Tour 3
I am a new client to SwanTours and have been recommended by: *
Name _____ Postcode _____

Room type: Double (1 large bed) Twin (2 single beds) Single
Pick up point (if not home address) _____
Postcode _____
I require your travel insurance Yes No
If NO please supply alternative insurer's name _____
Policy no. _____ Expiry date _____

SwanTour Traveller 4

Title _____ Initials _____ Forename(s) _____

Surname _____

Address _____

Postcode _____ Date of birth

Tel (inc. Std code) _____

Email address _____

Allocated seat numbers: Tour 1 Tour 2 Tour 3

I am a new client to SwanTours and have been recommended by:*

Name _____ Postcode _____

Room type: Double (1 large bed) Twin (2 single beds) Single

Pick up point (if not home address) _____

Postcode _____

I require your travel insurance Yes No

If NO please supply alternative insurer's name _____

Policy no. _____ Expiry date _____

6. To help us make sure everything is to your complete satisfaction, please let us know if you have any special requirements - and we will endeavour to arrange these for you. (We are very please to pass on requests to hotels i.e for lower floor rooms etc., but unfortunately we cannot guarantee that these will always be met. If therefore your request is a condition of your booking, please advise us and we will contact the hotel(s) to obtain their confirmation that they can accommodate).

Traveller 1 _____

Traveller 2 _____

Traveller 3 _____

Traveller 4 _____

7. Will you be bringing any additional items of luggage, ie. wheelchair, walking aids etc.

8. Remittance (see below for payment options).

Deposit required £50.00 per person

Insurance required £ per person

Remittance (see below if paying by credit/debit card)

	No. of persons	Total
Deposit	per person @ £	£
Insurance	per person @ £	£
Full remittance	per person @ £	£
Total enclosed		£

9. How to make a payment

We would prefer you to pay by bank transfer or cheque as *credit cards are subject to a standard 2.5% booking fee* when paying your final balance. Details for each type of payment are as follows:

Bank transfer: please make the payment to the following account quoting SwanTours and the tour name.

Account name: Taw & Torridge Coaches Limited

Sort code: 20-04-59

Account number: 70721891

Payment by cheque: cheques should be made payable to SwanTours and sent to:

SwanTours, Grange Lane, Merton, Okehampton, Devon EX20 3ED

Please write your surname and tour name on the back of the cheque.

Payment by credit/debit card: if you wish to make a card payment, please telephone **01805 603706**.

Please be aware that the credit cards are subjects to a **2.5% booking fee** when paying your final balance.

If you are travelling on your own, it would be useful to have the contact name/telephone number/email address of a friend/relative.

Name _____ Relationship _____

Contact No. _____ Email address _____

On behalf of the above mentioned persons I confirm that I/We have read the booking terms and conditions detailed and we have also read and understood the insurance declaration.

Signed _____ Date

10. Now please send this form, together with your insurance, deposit or the full amount if you are booking within six weeks of travel (eight weeks for Eire Tours and Continental Tours), to: SwanTours, Grange Lane, Merton, Okehampton, Devon EX20 3ED.

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Tour title _____	Departure date <input type="text"/>
Tour title _____	Departure date <input type="text"/>
Tour title _____	Departure date <input type="text"/>

5. Next, please list the names, addresses, seat numbers you were allocated, and pick-up point of each person travelling.
If any member of your party declines our travel insurance, they must provide the name and policy number of an alternative insurer.

SwanTour Traveller 1

Title _____	Initials _____	Forename(s) _____
Surname _____		
Address _____		

Postcode _____	Date of birth <input type="text"/>	
Tel (inc. Std code) _____		
Email address _____		
Allocated seat numbers: Tour 1 <input type="text"/> Tour 2 <input type="text"/> Tour 3 <input type="text"/>		
I am a new client to SwanTours and have been recommended by:*		
Name _____	Postcode _____	

Room type:	Double <input type="checkbox"/> <small>(1 large bed)</small>	Twin <input type="checkbox"/> <small>(2 single beds)</small>	Single <input type="checkbox"/>
Pick up point (if not home address) _____			

Postcode _____			
I require your travel insurance Yes <input type="checkbox"/> No <input type="checkbox"/>			
If NO please supply alternative insurer's name _____			

Policy no. _____	Expiry date _____		

SwanTour Traveller 2

Title _____	Initials _____	Forename(s) _____
Surname _____		
Address _____		

Postcode _____	Date of birth <input type="text"/>	
Tel (inc. Std code) _____		
Email address _____		
Allocated seat numbers: Tour 1 <input type="text"/> Tour 2 <input type="text"/> Tour 3 <input type="text"/>		
I am a new client to SwanTours and have been recommended by:*		
Name _____	Postcode _____	

Room type:	Double <input type="checkbox"/> <small>(1 large bed)</small>	Twin <input type="checkbox"/> <small>(2 single beds)</small>	Single <input type="checkbox"/>
Pick up point (if not home address) _____			

Postcode _____			
I require your travel insurance Yes <input type="checkbox"/> No <input type="checkbox"/>			
If NO please supply alternative insurer's name _____			

Policy no. _____	Expiry date _____		

SwanTour Traveller 3

Title _____	Initials _____	Forename(s) _____
Surname _____		
Address _____		

Postcode _____	Date of birth <input type="text"/>	
Tel (inc. Std code) _____		
Email address _____		
Allocated seat numbers: Tour 1 <input type="text"/> Tour 2 <input type="text"/> Tour 3 <input type="text"/>		
I am a new client to SwanTours and have been recommended by:*		
Name _____	Postcode _____	

Room type:	Double <input type="checkbox"/> <small>(1 large bed)</small>	Twin <input type="checkbox"/> <small>(2 single beds)</small>	Single <input type="checkbox"/>
Pick up point (if not home address) _____			

Postcode _____			
I require your travel insurance Yes <input type="checkbox"/> No <input type="checkbox"/>			
If NO please supply alternative insurer's name _____			

Policy no. _____	Expiry date _____		

SwanTour Traveller 4

Title _____ Initials _____ Forename(s) _____

Surname _____

Address _____

Postcode _____ Date of birth

Tel. (inc. Std code) _____

Email address _____

Allocated seat numbers: Tour 1 Tour 2 Tour 3

I am a new client to SwanTours and have been recommended by:*

Name _____ Postcode _____

Room type: Double (1 large bed) Twin (2 single beds) Single

Pick up point (if not home address) _____

Postcode _____

I require your travel insurance Yes No

If NO please supply alternative insurer's name _____

Policy no. _____ Expiry date _____

6. To help us make sure everything is to your complete satisfaction, please let us know if you have any special requirements - and we will endeavour to arrange these for you. (We are very please to pass on requests to hotels i.e for lower floor rooms etc., but unfortunately we cannot guarantee that these will always be met. If therefore your request is a condition of your booking, please advise us and we will contact the hotel(s) to obtain their confirmation that they can accommodate).

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Remittance (see below if paying by credit/debit card)

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Name _____ Relationship _____

Contact No. _____ Email address _____

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