

# IGC TRAVEL LTD - Booking Form

BOOKING REF.

DESTINATION

DEPARTURE DATE

HOTEL NAME:

Rooms Req. Please tick Single  Twin  Double  Triple

Mr/Mrs/ Miss	Initial	Surname	Pickup Point	Insurance (please tick if required)

Lead name:

Special requirements:

Address:

Postcode

Telephone no.

Emergency contact name and number:

## REMITTANCE

Holiday Cost @ £

Single Supplement @ £

Insurance @ £

Deposit (£20 per person UK / £40 per person European) £

Total amount enclosed £

I confirm that on behalf of myself and the others in my party, I have read, understood and accepted the booking conditions provided in this brochure

Signed

Date

### INSURANCE DISCLAIMER

I acknowledge that a member of your staff has explained to me the importance of having insurance cover in respect of my holiday booking and that I have been shown details of the insurance plan you are able to offer. I have/have not decided to make my own insurance arrangements for those individual names which appear on the booking form. I therefore agree to indemnify your company against any expense which anyone in my party may incur as a result of having inadequate insurance protection with affect from today.

Name of Alternative Insurance Company

Name of Passenger

Signature

Date

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