



BOOKING FORM : LIVING CRETE HOLIDAYS LTD

Company No. 6037856 Tel: 0800 011 3927

Please complete this form in Block Capitals and return it to the address below.

Holiday Name: Departure Date: Ref.No.:

1. Persons travelling

Title	First Name	Surname	Date Of Birth
.....
.....
.....

First-named Person

Tel (day): Tel (evening):

Full Address:

Emergency Contact: Name: Tel:

2. Accommodation

No. of Rooms: Twin Double Single Triple Family

3. Flight

No. of persons

Depart From on / / To at :

Return From on / / To at :

4. Your Travel Insurance Details

Insurer's Name: Emergency Contact No.:

Your Policy No.:

5. Payment:

Method of payment:

Cheque

Please make cheques payable to Living Crete Holidays Ltd

BACS

Living Crete Bank Details:

Sort Code: 40 43 41 Account No: 02466880 A/C Name : Living Crete Holidays Ltd, Bank HSBC, Portland Street, Swansea.

Deposit/full payment (please delete as necessary)

per person	No. of persons	Total
.....

6. Special Requests (we will make every effort to meet these, but cannot guarantee this)

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7. Declaration and Signature.

On behalf of the above-names persons, I request Living Crete Holidays Ltd to book the holiday arrangements described. I confirm that I have read, am authorised to accept, and do accept, Living Crete's Booking Conditions on their behalf.

SIGNATURE:

NAME (in block capitals):

Date:

