Booking Form 2007/2008

ABTA V3900

0921 ATOL PROTECTED

Please complete all sections in BLOCK CAPITALS and send this booking form with the necessary deposit(s) to:

Peng Travel Limited, 86 Station Road, Gidea Park, Romford, Essex RM2 6DB.
Telephone (lo-call): **0845-345 8 345**
(International: **+44-1708-471832)** Fax: **08700-660 368**
Web: **www.pengtravel.co.uk**

✸ **NAME & ADDRESS OF PERSON MAKING THIS BOOKING**

HOLIDAY DETAILS	
Holiday number:	
Accommodation start date:	
Duration:	
UK departure point:	
Resort/Accommodation:	
Accommodation type:	
Meal arrangements: All inclusive ☐ Full board ☐ Half board ☐ Bed & breakfast ☐ No meals ☐	
Cot required? (tick box) ☐	

DAYTIME PHONE . . . . . .

HOME PHONE . . . . . .

EMAIL . . . . . .

301 ✸ **PLEASE FILL IN YOUR TELEPHONE NUMBERS** ✸

Mr/Mrs/ Miss/Other	FIRST NAMES (as shown on passport)	SURNAME (as shown on passport)	DATE OF BIRTH (if under 18 or 75 and over)	SPECIAL REQUESTS (these will be communicated to resort management but cannot be guaranteed)
		✸		

For **SELF-DRIVE HOLIDAYS**, state cross-channel and Motorail requirements

	OUT	HOME
Operator(s):		
Routes:		
Date and time:		
Cabin type (if required):		
Car make/model:		Length:
Height (if over 1.83m):	Registration no.:	

STOPOVER HOTELS (see page 61 for details)

Date	Location	Room type
1:		
2:		
3:		

CAR HIRE

Pick up date:		Location/Airport/Hotel:	
Drop off date:		Location/Airport/Hotel:	
Car Group:			

DEPOSIT

Deposit per person £150 x ____ people = £ _____

(Full payment within 9 weeks of departure) = £ _____

Insurance supplement per person for passengers aged 75 and over:

Europe up to 17 days £16, each extra week £4 = £ _____

Worldwide up to 17 days £30, each extra week £6 = £ _____

TOTAL payment enclosed £ _____

DATA PROTECTION

Please be assured that we have measures in place to protect the personal booking information held by us. This information will be passed on to the principal and to the relevant suppliers of your travel arrangements. It may also be provided to public authorities such as customs or immigration if required by them, or as required by law. Certain information may also be passed on to security or credit checking companies. If you travel outside the European Economic Area, controls on data protection may not be as strong as the legal requirements in this country. We will only pass your information on to persons responsible for your travel arrangements. This applies to any sensitive information that you give to us such as details of any disabilities, or dietary/religious requirements. (If we cannot pass this information to the relevant suppliers, whether in the EEA or not, we will be unable to provide your booking. In making this booking, you consent to this information being passed on to the relevant persons.) Full details of our data protection policy are available upon request.

I have read and understood the booking conditions in the brochure current at the time of this booking and agree on behalf of all members of my party to be bound by them and by the terms and conditions of all owners/operators of aircraft, ships etc., on which I/we will be carried.

Signed: Date:

CREDIT CARD PAYMENT: Please charge my payment(s) to my Visa, Mastercard, Amex, Switch or Debit card account.

Deposit ☐ Full payment ☐ (please tick box)

Card number

Expiry date: ___ /___ Start date: ___ /___ (Debit cards only)

Issue number: _____ (Switch only) Security code: _____ (last 3 digits on back of card)

Cardholder's signature: _____

Cardholder's name: _____

Address: _____

_____

BLOCK CAPITALS PLEASE