

POLAR PEOPLE BOOKING FORM 2011

TITLE OF HOLIDAY		DATES:	OFFICE USE ONLY
ADDRESS OF PERSON MAKING BOOKING		TELEPHONE (DAY)	
		TELEPHONE (EVE)	
		MOBILE TELEPHONE	
		E-MAIL ADDRESS	
		FAX	
POSTCODE			
DETAILS OF PEOPLE IN PARTY			
TITLE	PREFERRED FIRST NAME	SURNAME	DATE OF BIRTH
1			
2			
3			
4			
5			
6			
PASSPORT DETAILS			
FULL NAME AS ON PASSPORT		NATIONALITY	PASSPORT NUMBER
1			
2			
3			
4			
5			
6			
Please give details of any infirmity, disability, medical condition or behavioural difficulty suffered by any of the party:		Special Requests / Dietary requirements:	
<p>1. I agree to accept the booking conditions on behalf of myself and the others booking on this form</p> <p>2. I confirm that we will have valid travel, medical and repatriation insurance when we travel. I will check that the activities we will be undertaking during the holiday are covered by our insurance. I will provide The Polar People with details of our insurance policy prior to departure.</p> <p>3. I understand that it is our responsibility to make and pay for our travel arrangements to and from the holiday. I shall advise The Polar People of our travel arrangements as soon as possible.</p> <p>4. All members of the party personally accept responsibility to be aware of and comply with insurance, health, passport and visa requirements.</p> <p>5. I understand that full payment is due 10 weeks prior to the departure date.</p> <p>I enclose a cheque made payable to The Polar People for the deposit/ full payment £_____</p> <p><i>The deposit is 1/3 of the holiday price. If you are booking within 10 weeks of departure, please pay in full.</i></p> <p>Signature: _____ Date: _____</p>			