

# Arts Richmond



# Norfolk Explorer

Monday 27 April - Friday 01 May 2026

Please complete this form in **BLOCK CAPITALS** and return it to Heritage Group Travel, together with your deposit of **£325 per person, as soon as possible** and no later than **Friday 14 November 2025**.

Please return any digital booking forms to **Bookings@grouptravel.co.uk**

TITLE	FIRST PERSON
FIRST NAME	
SURNAME	
<i>Name by which you wish to be known on tour</i>	

TITLE	SECOND PERSON
FIRST NAME	
SURNAME	
<i>Name by which you wish to be known on tour</i>	

ADDRESS

POST CODE

ADDRESS

POST CODE

TELEPHONE

MOBILE

EMAIL

TELEPHONE

MOBILE

EMAIL

**SPECIAL REQUESTS** e.g. Dietary or health requirements, etc  
(Special requests cannot always be guaranteed)

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I/We would like to reserve the following room type: Twin ☐ Double ☐

Double room for sole occupancy ☐ Supplement of £200 (subject to single occupancy availability)

If you intend sharing a room with someone not specified on this form please give their name below:

# Arts Richmond

## INSURANCE (optional for the UK)

FIRST PERSON

INSURANCE COMPANY

POLICY NO.

## INSURANCE (optional for the UK)

SECOND PERSON

INSURANCE COMPANY

POLICY NO.

## ADDITIONAL INFORMATION

DATE OF BIRTH

NATIONAL TRUST MEMBER

YES ☐

NO ☐

## ADDITIONAL INFORMATION

DATE OF BIRTH

NATIONAL TRUST MEMBER

YES ☐

NO ☐

## PERSON TO CONTACT IN AN EMERGENCY

NAME

DAYTIME NO

MOBILE NO

## PERSON TO CONTACT IN AN EMERGENCY

NAME

DAYTIME NO

MOBILE NO

All personal information is stored according to the guidelines set out under the Data Protection Act

## METHODS OF PAYMENT

I/We wish to book  place(s) on the tour and enclose a deposit of **£325 per person.**

I/We enclose a cheque made payable to Heritage Group Travel for the sum of

Please debit my VISA/MASTERCARD the sum of

Please debit my DEBIT CARD the sum of

NAME OF  
CARDHOLDER

CARD NO

EXPIRY DATE

**Please telephone Heritage Group Travel on 01225 466620 with your 3 digit security code as payment cannot be processed without this number and bookings cannot be confirmed until payment has been made.**

**Should you wish to pay by **bank transfer** then please contact the office, and we will provide you with the relevant payment/banking details.**

**I/We have read the booking conditions and confirm that I/we have adequate insurance for this tour:**

**Signature/Print Name:**

**Date:**