HOLIDAY BOOKING FORM

Booking Ref: (Office use only)

Please send your completed booking form to:											
IVI	URGAI ROYD T	UNII 6 BI	REWERY CLOSE, MELMERBY, RIPON, HG4 5NL Email: info@murgatroydofharrogate.co.uk								
Please telephone to check availability and provisional book your place, before sending us your booking form.											
Name											
Address Telephone											
		Mobile									
		Email									
Post-Code											
Holiday				Departure	Pick Up Point			No Of Passengers		Preferred Coach Seat Numbers	
NAMES OF ALL TRAVELLERS Memberships Room Type Special Requests											al Requests*
Title	Forename	Surname		National	English	Single	Double	Twin	Triple	•	needs or access
				Trust	Heritage	Jingle	Double		mple	requ	irements etc)
*Please note that requests <u>CANNOT</u> be guaranteed but will be forwarded to the hotels etc. concerned.											
It is essential for all travellers to nominate someone whom we may contact in the event of an accident or emergency											
during your holiday. NAME CONTACT NUMBER											
	ENT SECTION			1							
	INT SECTION	Deposit of £80.00 per person should be paid at the time of booking (£100 for Ireland and Europe). Full payment due if tour is booked less than nine weeks									
before departure.										TAL: £	
I enclose deposits for persons at £80.00 per person TOTAL: £											IAL. I
	• •	ons at £	ns at £ per person					TO	TAL: £		
TOTAL AMOUNT ENCLOSED Cheques made payable to: MURGATROYD OF HARROGATE LTD									то	TAL: £	
If you wish to pay by card, please complete the following section:											
Please debit my VISA/MASTERCARD (minimum £100 for credit cards) CARD NUMBER EXPIRY DATE											
										/	
NAME ON CARD											
	ead, understood									litions print	ted in the
brochure.											
SIGNE	SIGNEDDATE(DD/MM/YYYY)										