



TRAVEL EDITIONS BOOKING FORM

Please complete this form in block capitals and return to:
Travel Editions, 3 Young's Buildings, London EC1V 9DB, together with a cheque made payable to:
THE TRAVEL EDITIONS GROUP LTD for your deposit.

Holiday title: Gardens of Somerset

Holiday price: £685

Departure date: 5 July 2024

Name(s):

Address:

Post code:

Tel:

Joining/Pick-up points: Edgworth ☐

Bromley Cross ☐

Mobile:

Double room ☐

Twin room ☐

Single room ☐

Email:

If you wish to receive your confirmation via e-mail please tick: ☐

	Passenger 1	Passenger 2
Surname (as per passport)		
First name(s) (as per passport)		
Title		
Date of birth		
Next of kin & relationship		
Next of kin contact number		

Special requests: (Dietary requirements, accessibility etc.)

TRAVEL INSURANCE

For the provision of travel insurance, Travel Editions Group are an Introducer Appointed Representative of Global Travel Insurance Services Ltd, who are authorized and regulated by the Financial Conduct Authority whose status can be checked on the FCA Register by visiting www.fca.org.uk or by contacting the FCA on 0845 606 9966.

Global Travel Insurance are able to provide you with a range of travel insurance products which you are able to review on their website and decide which product meets your requirements. To review the range of travel insurance products available and buy online please click on this link <<http://www.globaltravelinsurance.co.uk/IAR1562/quote>>.

Beyond providing this information, we are not allowed to assist you in any way in the arrangement of your travel insurance or give any advice.

If you would like any further information about their services, you should contact Global Travel Insurance as follows.

Global Travel Insurance, 59/61 Lyndhurst Road, WORTHING, West Sussex, BN11 2DB. Telephone: 01903 235042. Email enquiries@globaltravelinsurance.co.uk

Details of your insurance cover must be provided either at the time of booking or prior to travel.

Name of Insurers:

Policy Number:

Emergency Tel No:

	Deposit per person	No. of persons	Total
Deposit/Full payment	£100		

Final payment is required 8 weeks before travel.

Visa Debit: ☐

Visa: ☐

Master Card: ☐

Card No:

Expiry date:

Valid from:

Issue No:

Security code (CFC) – last 3 digits on signature strip:

Cheques should be made payable to **The Travel Editions Group Ltd**. BACS Transfer: bank details available upon request.

Name & initials: _____

Signature: _____

On behalf of the persons named I request Travel Editions to book the travel arrangements as set out above and I confirm that I am authorised on their behalf to accept the Conditions of Booking as specified. Should any of your details change before you are due to travel please ensure you notify us. I am over 18 years of age. THANK YOU FOR YOUR BOOKING.

Signature: _____ Name: _____ Date: _____

For booking terms and conditions please visit our website www.traveleditions.co.uk



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