

Booking Form

HOLIDAY TITLE	POINT OF DEPARTURE	DEPARTURE DATE	RETURN DATE
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IF YOU ARE MAKING YOUR OWN TRAVEL ARRANGEMENTS PLEASE GIVE DETAILS BELOW

Date of arrival into New Zealand:	Arrival time:	Flight Number:
Date of departure from New Zealand:	Departure time:	Flight Number:

FIRST NAME (as on your passport)	SURNAME	PREFERRED NAME	D.O.B	PASSPORT NO.	INTERNATIONAL TICKET NO.	PREFERRED ROOM Twin/Double/Single/Family
						Please select
						Please select
						Please select
						Please select
						Please select
						Please select

NEXT OF KIN Name	Address	Telephone
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PLEASE FIND ENCLOSED MY PAYMENT OF:

NO. OF PEOPLE.....X DEPOSIT £250 (PER PERSON) £.....

PAYMENT BY CREDIT CARD

Please note: Due to the high transaction fees imposed by credit card companies, we are obliged to levy a charge of 2% on final balances. However, there is no charge on deposits or if you pay by Debit card.

VISA / MASTERCARD / OTHER DEBIT CARD (please circle)	Debit card
Card Number	Issue No
<input type="text"/>	<input type="text"/>

Cardholder Name

Expiry Date Security Number

Card holder signature _____ Date _____

MEDICAL CONDITIONS WE SHOULD BE AWARE OF

DIETARY REQUIREMENTS

I HAVE ARRANGED MY OWN INSURANCE COVER (details below)

My Insurance Company: _____

Policy Number _____

Telephone Number of Insurance Company _____

Signed _____

ON BEHALF OF THE ABOVE NAMED PERSONS, I HAVE READ, UNDERSTOOD AND AGREE TO SILVER FERN HOLIDAYS BOOKING CONDITIONS. I AM OVER 18 YEARS OF AGE.

Signed _____ Date _____

Name _____

Address _____

Town _____ Postcode _____

Telephone (Day) _____ (Evening) _____

Email _____

Mobile Telephone Number (if any) when travelling in New Zealand _____

PLEASE RETURN THIS BOOKING FORM TO:
info@silverfernolidays.com