Silver Fern Holidays
The New Zealand Specialists

Booking Form

HOLIDAY TITLE	POINT OF DEPARTURE	DEPARTURE DATE	RETURN DATE

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

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

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@silverfernholidays.com