



BOOKING FORM 2012



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Name and Contact Details: Lead Name: (Person responsible for booking): _____ Address: _____ _____ _____ _____ Post Code: _____	Tel (Work): _____ Tel (Home): _____ Tel (Mobile): _____ E-Mail: _____	For Office Use: Booking Ref: _____ Deposit: _____ Balance: _____ Notes: _____
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Holiday Start Date: _____	Destination: France <input type="checkbox"/> Italy <input type="checkbox"/> Austria <input type="checkbox"/> Other <input type="checkbox"/>	Flights: Departure Airport: _____	Destination Airport: _____
Holiday Duration: _____	Resort Name: _____	Additional Information: _____	
No of rooms: _____	Accommodation Name: _____	Own Flight Details: _____	

Passenger Details:							Extras Required			
	Title	First Name:	Surname:	Passport Number:	Date of Birth	Nationality	Travel Insurance	Lift Passes	Day Nursery	Other Requests
1							YES / NO	AF / AL / CF / CL / FF	YES / NO	
2							YES / NO	AF / AL / CF / CL / FF	YES / NO	
3							YES / NO	AF / AL / CF / CL / FF	YES / NO	
4							YES / NO	AF / AL / CF / CL / FF	YES / NO	
5							YES / NO	AF / AL / CF / CL / FF	YES / NO	
6							YES / NO	AF / AL / CF / CL / FF	YES / NO	
7							YES / NO	AF / AL / CF / CL / FF	YES / NO	
8							YES / NO	AF / AL / CF / CL / FF	YES / NO	
9							YES / NO	AF / AL / CF / CL / FF	YES / NO	
10							YES / NO	AF / AL / CF / CL / FF	YES / NO	

AF: Adult Full Area * AL: Adult Local Area * CF: Child under 13 or Adult 65+ Full Area * CL: Child under 13 or Adult 65+ Local Area * FF: Free Full Area for Child under 5 or Adult 72+

	Sub Totals	
Extras:	BASIC HOLIDAY PRICE:	£
		£
		£
	TOTAL HOLIDAY PRICE:	£
	DEPOSIT:	£
		Travel Insurance Travel insurance provided by Global Travel Insurance Premiums: Adults £26.70 up to 10 days £32.30 up to 17 days Children under 16yrs are 50% of adult premium Our Booking Conditions require all persons to have adequate Travel Insurance. Protect NOW buy NOW online at: www.sunscareski.co.uk Alternatively, I confirm that I have taken out the following insurance policy which cover is comparable or greater than that offered by Sunscape. MY INSURANCE Co. IS MY POLICY NO IS: Contact Tel. No.

Payment Details: Please make cheques payable to "Sunscape" or if paying by credit / debit card complete the section below.	Declaration & Acceptance of Booking Conditions: I certify that I am authorised to make this booking on behalf of those persons shown above and have read and agreed to be bound by the Sunscape Ski Booking Conditions. Note: Where Sunscape Ski act as an agent for another ATOL holder providing a flight inclusive holiday financial protection is provided under the tour operators own ATOL. I authorise Sunscape Ski to debit my credit/debit card if the card details are shown on this form.
Please debit my: MASTERCARD <input type="checkbox"/> DELTA <input type="checkbox"/> SWITCH <input type="checkbox"/> DEBIT <input type="checkbox"/> VISA <input type="checkbox"/>	Signature: _____ Date: _____
Card No: _____ Expiry Date: _____ Security No: _____ Issue No: _____	
I authorise Sunscape to take balance when due: Yes / No Note: 2% Service charge will be made on all Credit card payments.	
Holiday Extras: Sunscape will call you (making the travel easier and more convenient): Airport Parking <input type="checkbox"/> Airport Hotel <input type="checkbox"/> Foreign Currency <input type="checkbox"/>	