BOOKING FORM WINTER 2005/2006

Please complete in BLOCK CAPITALS
Holiday accommodation (Chalet/Hotel/Apartment)……..
Dates required……..

Party Leader's Name and Address	**Ski Insurance**
Full name:……	All persons named on this booking form must be covered for ski insurance. Please provide evidence of cover. If you require our insurance, telephone 0870 844 2742 and quote account number HX782.
…….	
Address:……...	
…….	
…….	
…….	
Post code:…….	**Deposit:** £100 per person
Day Tel:……	**Client's Declaration:** As duly authorised representative of the party, I accept the conditions of booking as published on Hannibals web site. I am over 18 years of age.
Eve Tel:……	
Fax:……..	
Email:……...	
Signature:	I enclose a cheque for £…… to pay for …..deposits @£100 each for ….adults and ….children.
Date:	Cheque payable to Hannibals. Please send to Farriers, Little Olantigh Road, Wye, Ashford, Kent. TN25 5DQ

Surname	**Mr Mrs Ms**	**Initials**	**Age if under 12 or over 65**	**Boots (Sup Pre or Std)**	**Skis (Sup Pre or Std)**	**Room requirement** Double/twin/single

TRAVEL

Please state preferences for travel and accommodation. If these cannot be met you will be advised.

SELF DRIVE	Departure	Carrier	Outward		Inward	
From			Date	Time	Date	Time
To						

Car make	Model	Reg No	Name of driver	No of passengers

HOTELS ENROUTE	Date	Hotel Group	Hotel Name	Address	No and type of room
Outward					
Inward					

RAIL	Departure	Outward			Inward		
From		Date	Time	Tr No	Date	Time	Tr No
To							

SPECIAL REQUESTS

Diets (vegetarian):……..

Cot:…….

Child minding:……...

Airport car parking/hotels:…….

Heathrow……Gatwick……..Manchester……Stansted…….Luton…….

For office	Bkref	Acco	Depd	Ack	Finv	Bdue	Bpd	InfoPK