

# BOOKING FORM

When completed please return or fax to Chronos Travel

TOUR NAME	HOTEL NAME	
DEPARTURE DATE	ROOM TYPE	
DESTINATION	NUMBER OF ROOMS	NUMBER OF NIGHTS
*SPECIAL REQUESTS / NOTES	MEAL PLAN	
	OPTIONAL TOURS	

\*Special requests are not guaranteed and subject to availability.

TITLE	FIRST NAME	SURNAME	CHILD/INFANT DATE OF BIRTH	NATIONALITY
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CONTACT DETAILS	
ADDRESS	
TEL.	EMERGENCY MOBILE
E-MAIL	

**DEPOSIT REMITTANCE-** A minimum deposit of €200 per person is payable at the time of booking or full payment premiums where travel is within six weeks. However, in some cases full payment maybe required earlier, due to airline time limits for ticket issue.

Please indicate if you require travel insurance cover YES  NO   
Ask for details.

ENCLOSED PLEASE FIND DEPOSIT / PAYMENT OF

I have read and understand the booking conditions and above arrangements. I accept them on behalf of all persons listed and confirm that to the best of my knowledge all persons listed are fit to travel.

**I also accept that each person listed is personally responsible for fulfilling immigration and health requirements.**

I am over 18 years of age.

SIGNED  PRINT NAME (CAPITALS)

DATE TO DAY/MONTH/YEAR  |  |