



BOOKING FORM 2010

	Title	First name	Surname	Age	For Office Use only
1					
3					Date booked
5					Holiday booked on
7					Accommodation
9					Deposit paid
Permanent address					Invoice number
City	State / Prov / County				Confirmation sent
Zip / Postal code	Country				
Telephone : Home	Work				Mobile
Email address					
Contact address (if not as above)					City
State / Prov / County			Zip / Postal code	Country	
Holiday code	Holiday name		Joining at		
Room type	Other	Departure date		Nights	
<input type="checkbox"/> Tick this box if you are prepared to share a room with someone of the same sex					

Please give details of any disability or medical problems Please give details of any dietary requirements Payment herewith
Please state how and when you heard about Grassroutes

Deposit(s) \$(£) x persons = Total enclosed \$(£)

Please make cheques / bank drafts payable to Grassroutes Holidays Ltd.

Declaration : I declare that I, the undersigned, am authorised to sign this booking form on behalf of all the above named persons,
all of whom have read the booking conditions and agree to abide by them.

I have read and understood the

Signed : Date

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