C & J TOURS COACH HOLIDAY BOOKING FORM 2024

		Please complete this Boo	king Form and pos	t to: C & J	Tours Ltd, 8 B	elvedere Cl	ose, Danbury, Esse	ex. CM3 4F	RG		
Tour Destination / Departure Date: Tour Destination / Departure Date:											
Tour	Destinatio	n / Departure Date:								•••••	
		DETAILS — please give de	4.11				- I - I	T = 1 N			
Title	Initials Surname			Address			Postcode	Tel. No.			
	EMERGENCY CONTACT DETAILS – please nominate someone, and state their relationship to you, whom we may contact in the event of an accident or illness.										
Name			Tel No								
years o	ld is required	CTAILS — Please provide t for all our European holidays t your pickup point.									
	rname	Christian Name	Date of Birth	Date of Nati		-		Passport Pa Number Exp		Issuing State	
			2					2p	<i>j = a.c.</i>		
TYPE OF ROOM REQUIRED – (i.e. single, twin, double, other). All rooms have en-suite facilities. Please note that the availability of some types of room may be limited on certain tours. Once our allocation of single rooms is used any further single room requested may incur a supplement, we will advise you at the time of booking. Room allocation is at the discretion of the hotel.											
Room Type		Name(s) of occupants			Room Type Name(s) of occupants						
SPECIAL REQUESTS — ONLY FOR special diet, access problems, low floor, wheelchair on coach etc. Every effort will be made to comply with exact requirements, and we will advise you if we are unable to do so. Please limit the number of special requests to reduce the risk of being disappointed. With a string of requests the hotel will not be able to determine which request is most important.											
DICK UP / DROP OFF PODYE							EEEDDED G	O L CIT (
P		ICK UP / DROP OFF POINT			PREFERRED COACH SEAT						
			т	PAVEL 1	INSTIDANO	TF					
TRAVEL INSURANCE Travel Insurance is compulsory on all C & J Tours European holidays (including Jersey & the Republic of Ireland). Although not compulsory on our UK holidays it is strongly recommended. We advise customers to take out a travel insurance to cover medical and repatriation costs, personal injury, loss of luggage, cancellation charges and COVID. Please provide details of your travel insurance below. This must be provided if travelling on one of our European holidays. By signing this Booking Form, I agree to indemnify C & J Tours Ltd from any expense which myself or anyone in my party may incur as a result of having inadequate insurance protection from the date on this Booking Form.											
Insurance Company					Policy Number						
Emergency Assistance Company					Telephone No						
			P	AYMEN	T DETAIL	S					
I enclose											
I enclose Full Payments @ £ per person					= £						
TOTAL AMOUNT ENCLOSED					£						
IMPORTANT — it is a condition of travel that you complete and sign this Booking Form, failure to do so will render your booking invalid. I hereby certify that I have read, understand and accept for myself and behalf of all others named, the Terms of Business and information pages printed in this brochure.											
	Signature: Date:										

Office only: booking ref:

oking ref: Confirmation letter date sent:

Final balance letter & luggage labels date sent: