



BOOKING FORM

(a division of GOLF ESCAPES LIMITED)

ST ANDREWS HOUSE, CINDER HILL, HORSTED KEYNES, SUSSEX, RH17 7BA

Tel: (01342) 811782

info@southern-sounds.co.uk www.southern-sounds.co.uk

ATOL 5865 / ABTA Y1665

PERSONAL DETAILS - please PRINT clearly.

Ensure that ALL names given correspond with those on your passport as any changes after confirmation may incur a penalty.

Title	Initials	Surname	All Names (as per passports)	Age	Date of Birth	Nationality & Passport No.	Expiry Date

ELECTRONIC SYSTEM TRAVEL AUTHORISATION (ESTA) FOR TRAVEL TO THE USA.

It is now mandatory to have an ESTA in place before departing the UK. In order to apply go to www.cbp.gov/travel/international-visitors/esta, then follow the instructions and answer all the required questions to submit an application. Currently the charge for this service is \$14.

APPLICATION REFERENCE:

EXPIRY DATE:

TRAVEL INSURANCE

It is essential to have travel insurance in place when booking. Please ensure that you have adequate cover including, inter alia, cancellation & curtailment, medical expenses, repatriation, money and personal belongings.

Insurance Company:	Policy No:
Commencing:	Period of cover:

AMERICAN QUEEN CRUISE:

From	To	Departure Date	Duration

Dining Request: Early Seating (5:15 p.m.) Late Seating (7:45 p.m.)

Do you have any special dietary requirements:

PREFERRED CABIN:

Cabin categories	Description	Please ✓	Preferred configuration e.g. twin or Queen Bed (if applicable for your cabin)	Any bedding preferences
OS	Owner's Suites with Exclusive Veranda			
LS	Luxury Suites with Private or open Veranda			
AAA	Suites with Open Veranda			
AA	Superior Outside Staterooms with Open Veranda			
A	Deluxe Outside Staterooms with Private Veranda			
B	Outside Stateroom with Open Veranda			
C	Outside Stateroom with Open Veranda			
D	Deluxe Outside Staterooms with Bay Window			
E	Inside Staterooms			

PAYMENT DETAILS: Required payments will be shown on your confirmation invoice.

Deposit Full Payment

Please tick your payment method

By Internet Banking to Barclays Bank, S/C 20-07-82, A/C No. 90171034, A/C Name: Golf Escapes Ltd

Please quote your Surname when submitting payment.

Debit cards and credit cards (Visa and MasterCard) are accepted, however, there is a bank administration charge of 2% that will be added to your invoice for credit cards.

Card Number Start / Expiry /

Card Type: _____ Security Code: Issue No (if applicable)

Name of cardholder as shown on the card: _____

HOME OR OFFICE CONTACT DETAILS :	EMERGENCY CONTACT DETAILS :
Address to which all correspondence / tickets to be sent	c/o Name Address
Tel: _____ Fax: _____	Tel: _____ Fax: _____
E Mail: _____	E Mail: _____

DECLARATION :

I / We have read and accepted the booking conditions enclosed on behalf of all the named persons above, none of whom are travelling contrary to medical advice. I / We enclose our deposit / full payment.

Signature _____ Date _____