BOOKING FORM

SOUTHERN SOUNDS IS A TRADING STYLE OF GOLF ESCAPES LIMITED
ST ANDREWS HOUSE, CINDER HILL, HORSTED KEYNES, SUSSEX, RH17 7BA
TEL: (01342) 811782
www.southern-sounds.co.uk
info@southern-sounds.co.uk

I / We wish to book the following Tour:

Music & Heritage of the Deep South Tour
Monday 8th October – Wednesday 17th October 2018

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.**

	1st Traveller	2nd Traveller
Title		
All First Names (as shown on your passport)		
Surname (as shown on your passport)		
By what name would you like to be known		
Age & Date of Birth		
Nationality & Passport Number		
Passport Expiry date		
ESTA Number (Electronic System Travel Authorisation)		
ESTA Expiry date		

TRAVEL INSURANCE – it is strongly recommended that you have travel insurance in place, preferably when booking. Please ensure that you arrange adequate cover including, inter alia, cancellation & curtailment, medical expenses, repatriation, money and personal belongings and advise us of your policy details.

FLIGHTS – Please call us on 01342-811782 to discuss your requirements.

DIETARY, DISABILITY, MEDICAL OR SPECIAL REQUIREMENTS
Please advise us if you have special needs that we should be aware of:

ACCOMMODATION – please indicate your room preference

❑ Double (King room) ❑ Twin room ❑ Single

PAYMENT - Please tick your payment method

I enclose deposit of £350 per person £_____Total

❑ Cheques should be made payable to Golf Escapes Ltd

❑ By Internet Banking to Barclays Bank, S/C 20-07-82, A/C No. 90171034, A/C Name: Golf Escapes Ltd
Please quote reference **SMT AND YOUR SURNAME** when submitting payment.

❑ Bank debit and Visa / MasterCard credit cards are accepted.

Card Number ❑❑❑❑ ❑❑❑❑ ❑❑❑❑ ❑❑❑❑ ❑❑❑❑ **Start** ❑❑/❑❑ **Expiry** ❑❑/❑❑

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

Name of cardholder as shown on the card: _____

BOOKING CONDITIONS I accept these conditions on behalf of everyone on this form.

Signed	**Date**
Name	**Home Telephone**
Address	**E mail**
Post Code	**UK Emergency Contact Name and Telephone Number**

Note: If exchange rates change substantially, we reserve the right to re-invoice using the new rate; full payment at the time of booking guarantees the costs. However, if Government taxes or fuel surcharges increase we will send you an amended invoice for the difference.

We reserve the right to exclude from group activities, or in serious cases, send home anyone who places any member of the group in danger because of his/her actions or who causes problems or severe discord amongst the group. Any health problems either mental or physical must be disclosed to us (in confidence) by return. If you feel unable to accept any of these conditions, we must be notified in writing within 14 days of the date of this invoice.