

BOOKING FORM

(a division of GOLF ESCAPES LIMITED)
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ATOL 5865 / ABTA Y1665

	ood times r	ILS - please PRINT clearly.							
		names given correspond		oort as any	changes after o	confirmation may in	ncur a penalty.		
Title			All Names	Age	Date of	Nationality & Passport No.		Expiry	
			(as per passports)		Birth	,	<u> </u>	Date	
It is no www.cl applica	w mand bp.gov/ tion. C	STEM TRAVEL AUTHORISA datory to have an ESTA in travel/international-visitourrently the charge for the charge f	n place before departing ors/esta, then follow the	g the UK. I	n order to app ns and answer	all the required q	juestions to su	bmit an	
	APPLICATION REFERENCE: EXPIRY DATE: TRAVEL INSURANCE								
I RAVEL	INSURA	ANCE							
adequa	te cove	ecommended that you har r including: inter alia, ca of your policy details.	ave travel insurance in ncellation & curtailment	place, prefe t, medical e	erably when be expenses, repa	ooking. Please ens atriation, money a	sure that you a nd personal be	arrange elongings	
AMERICAN EMPRESS CRUISE:									
From			То		рера	arture Date Duratio		ion	
Dining Request: Early Seating (5:30 p.m.) Late Seating (7:45 p.m.) Do you have any special dietary requirements:									
	RED CAL		quirements:						
Cabin categories		Description		Please √				bedding erences	
LS		Luxury Suites with Vera	nda			abiii)			
Α		Suites with Veranda							
B C		Superior Veranda Staterooms Deluxe Veranda Staterooms							
CS		Single Outside Stateroom with Veranda							
D	Outside Staterooms with Window								
E Veranda 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.									
☐ Deb	it card	s and credit cards are	also accepted.						
Card N	lumber				Start	00/00	Expiry 🔲 🔲	/00	
Card T	уре:			Security (Code:	Issue No	(if applicable	e) 🔲	
		lholder as shown on th	e card:						
HOME OR OFFICE CONTACT DETAILS:					NCY CONTACT	DETAILS:			
Address to which all correspondence / tickets to be sent					c/o Name Address				
Tel:					Tel:				
E Mail:			Deci	<u> E Maii:</u> ARATION :	E Mail:				
		read and accepted the evelling contrary to me	booking conditions	enclosed (ersons above	e, none of	
Signature					Date				