



# Booking Form



Send to:

Baxter's Cycling Trips, 21 Manor Gardens, Pool - in - Wharfedale,  
West Yorkshire, LS21 1NB, Tel 0777 16 62 123

Please complete all boxes (inc Date of Birth D.O.B)

Title	First -Name	Surname	D.O.B DD / MM / YY	Room Type			Are you Vegetarian	Track Tickets		
				Single	Twin	Double		Fri	Sat	Sun

**Client to whom all correspondence should be sent:**  
 Name: \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Home: \_\_\_\_\_  
 Work: \_\_\_\_\_  
 Mobile: \_\_\_\_\_  
 E-MAIL (Please print clearly): \_\_\_\_\_

**Special requests:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Emergency contact name & phone number:**  
 \_\_\_\_\_

**Holiday Required:** \_\_\_\_\_  
**2nd Choice:** \_\_\_\_\_  
**Coach Pick up Point:** \_\_\_\_\_  
**2nd Choice:** \_\_\_\_\_  
**Coach Seating (Front, Middle, Back):** \_\_\_\_\_  
**Start Date of Baxter's Trip:** \_\_\_\_\_

**Travel Insurance policy :**  
 \_\_\_\_\_

**Have you any medical conditions:**  
 \_\_\_\_\_

**Payment details:**  
 If you are booking within 8 weeks of departure date, then full payment is required.

\_\_\_\_\_ Deposits @ £ \_\_\_\_\_  
 \_\_\_\_\_ Tickets @ £ \_\_\_\_\_  
 \_\_\_\_\_ Single Rooms @ £ \_\_\_\_\_

Total Payment enclosed = £ \_\_\_\_\_  
 (cheques made payable to Baxter's Cycling Trips)

**Clients declaration:** I have read and accept on behalf of all members of the party named above, the terms and booking conditions of Baxter's Cycling Trips.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about Baxter's Cycling Trips? \_\_\_\_\_