



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	Brining a Bike	Time Limit
				Single	Twin	Double			

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: _____
Accommodation: _____
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 @ £ _____
 _____ Entries @ £ _____
 _____ 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? _____