

,	Tour title:	
,	Tour code:	Departure date:

	of Maxey  A wonderful journey  Tour code:			e:	Departure date:							
PASSENGER DETAILS all correspondence will be sent to the lead booker												
Title	Initials	Surname	Add	dress		Postcode	Tel. no.		Pick up & Drop off point*			
* We off	* We offer FREE Door2Door travel from most of our local towns/villages but please check with us for exclusions where a supplement may apply.  Or choose to save £10pp by meeting the coach at a central departure point!											
Email:  Join our eNews to receive updates on new tours, new brochures, offers and latest news. Tick to subscribe:												
Mobile: You may wish to nominate someone essential for single travellers					whom we may contact in the event of an accident or illness during your holiday –							
Name: Tel. no:												
		JIREMENTS		or 1C)								
Room typ	<u>е</u>	Name(s) or oc	ccupants (please state age if unde	er 10)								
ANY OTHER REQUESTS (e.g. special diet, access problems, wheelchair on coach or pre-existing illnesses).												
SAVE WITH SHAWS  Members of the following can save £5pp per property visited when you choose a holiday featuring an attraction managed by one of these organisations.  Claim your Shaws Loyalty Discount! Save £15pp on your third holiday and £20pp or your fourth and future holidays in any calendar year. Insert the reference numbers of your previous holidays here to claim your discount.												
Please tick the relevant box(es) and remer with you when you visit:												
	onal Trust		RHS Historic Hous	ses								
BROCHURE PREFERENCES  Please send me Door2Door Holiday brochures by post email stop sending post email stop sending available on our website or just ask us for a copy.												
PAYMENT NB Your £40pp deposit is non-returnable. Please enclose the full amount if it is less than 8 weeks before the departure date.  I enclose cash/cheque* (payable to Shaws Coaches) deposit/full payment* of  Please debit my Visa/Mastercard/Maestro/Visa Electron/* account for the above amount. (*Delete as applicable)												
	Cardholder's name:											
Card no:				Security code: last 3 digits on signature strip			xpiry date:					
<u> </u>		000	s on Signature strip									
Cardnold	der's addr	ess.										
Please co	FREE INSURANCE Please confirm that you wish to include the free insurance that we can offer with our holidays:  I have had the opportunity to read & accept for myself & on behalf of all others named, the terms & conditions, Financial Protection Statement, BCH/ABTOT Trading Agreement & itinerary. All booking forms must be signed & dated & the person signing the form must be aged 18 or over.											
No,	I/we do n		e insurance and upon request will		Signed:			Date:				

