BOOKING FORM · PLANET HOLIDAYS · LINE & PARTNER DANCING CYPRUS · MARCH 2023

BOOKIN	G REF QUOTED BY P	LANET HOLIDAYS:]					
PASSENGER DETAILS				IMPORTANT: If we are unable to supply passport details to the relevant airline, you may be refused boarding							
MR/MRS MS/MISS	FIRST NAME(S)	SURNAME(S) (Please write Leader's surname first)	PASSPOR NUMBER	RT R	DATE OF ISSUE	EXPIRY DATE	COUNTRY OF ISSUE	NATIONALITY	DATE OF BIRTH		
HOLIDAY	INSURANCE premium must	pe paid with your deposit and will be automation	vally added to your inv	voice unles	s vou comple	te the following					
I certify that	at I, on behalf of all passenge	rs named above, have arranged insurance pol my control and 24-hour emergency service.						rent Planet Holidays broo	chure, including		
My Insurers are:					Policy No:						
24-hour contact number:					Signed:						
PARTY LEADER'S DETAILS - NAME:					TEL. NOS: HOME:						
ADDRESS											
		POSTCODE:	EMAIL:								
HOLIDAY	DETAILS					SAL TIMBLO	EA 🗀 TRIP	I.E	SOLE USE		
DEPT DA	TE: NO	OF NIGHTS: DEPT AIRPORT:		ACC	OMMODATIC	ON: TWIN S VIEW		VIEW SEA VI	EW SEL OSE		
CAR HIRE	, IF REQUIRED: To be arran Car will be	ROOM NUMBER(S) REQUESTED (not guaranteed): :									
CAR STA		P: 🗍	PRIVILEGE CARD NUMBER:								
PAYMEN [*]	DETAILS			LIOW	MANY TIME	C hove your	porticipated in thi	a Line/Dartner Dancin	a Holidov		
Advance	Advance Booking: Deposit* £ x Persons = £					HOW MANY TIMES have you participated in this Line/Partner Dancing Holiday in the past years?					
Late Booking: Full Amount £ x Persons = £ No of LINE DANCING participants in your party:											
Total Enclosed: = \mathfrak{L} (*) = As scheduled flight tickets have to be issued as soon as we make your booking,					No of PARTNER DANCING participants in your party: If this is the FIRST TIME you are participating, how did you hear about us?						
the deposit to be paid will be confirmed to you at the time of booking.					- Advert in a magazine (name the magazine): - Friend(s) recommendation - please name your friend(s) if they are also travelling						
CREDIT CARD PAYMENT (3% charge will apply to all transactions)				on this holiday:							
Credit Ca	ard Number:			Other	:						
Card Ho	der's Name:		nitials:	100	onfirm that	l am auth∩r	ised to make thi	is booking on behalt	of all persons		
Card Expiry Date:					I confirm that I am authorised to make this booking on behalf of all persons named on this Booking Form and that I agree on their behalf to be bound by the 'Booking Conditions' & 'What you Need to Know', published by Planet Holidays, which I have read and understood.						
Please debit my account for: (Tick) Deposit: Full Payment:											
Balance (8 weeks prior to departure):					Signature (Party Leader):						
Signatur	ə:	Date:									