VILLA / APARIMENI NAME			Destination			1	Start Date:		End Date:		
			A	ge	Occupati	on -	Travel	Insurance			
Title / First Name			/ Surname		<u> </u>		•			ired?*	
1.									YES /	NO	
2.									YES /	NO	
3.									YES /		
4.									YES /		
5.									YES /		
6.									YES /		
7.									YES /		
8.									YES /		
9.									YES /		
10.									YES /	NO	
Address of Party Leader								Telephone Numbers			
		Tel. No. (home):									
						Tel. No. (work):					
						Mobile:					
						E-mail ac	-mail address:				
*Villascanes Clients must be insured against all holiday risks, pre-holiday cancellation, illness, etc, and											
Travel we suggest the Citybond Sure-travel cover as suiting all your needs, but if you do not wish to										res	
Insurance:		his travel insurance								No	
	detail	s here of your alterr	lative cove	r. we or	ter tra	vei insuran	ice policies to	<u>UK residents</u>	only.		
Alternative Insurance: Policy Issuer:							lumber:				
				Child seat							
CAR HIRE N		Name of Lead I	Name of Lead Driver Car Type			equired	Start Date:	End Date:			
					•	•			up to age 12)		
For airport										EC / NO	
collection unles otherwise arrange									Y	ES/NO	
J		A 6	Filtralia An		Fligh	4	D	D	-		
FLIGHT INFO:							Departure Date:	Departure Time & Flight Number:			
Arrival Date:		(Airport Name)	Number:		Arrival Time		Date:	ate. a riigiit Nuiib			
TAYLAMNIBUO TRANSFERO, VEGANO, CANE WAY (BETURN)											
TAXI / MINIBUS TRANSFERS: YES / NO ONE WAY / RETURN											
Special Requests: Cot Hire: YES / NO Highchair Hire: YES / NO Food parcel: YES / NO Air-conditioning (if available): YES / NO Pool Heating (where available): YES / NO											
Others:										O / 140	
		00.01									
Accommodation: I e							enclose 25% deposit, or full				
PAYMENT &	payment (if travel within 8 wee				reeks):	eks):					
	Car hire - £10 deposit per car, or full pay					vment (if	(if a				
travel within 8 weeks):									£		
Payment: Debi	Payment: Debit & Credit card payments accepted. Alternatively please make payment Payment										
with on-line bank	transfers to: Villasca	pes Limited,			ر	Enclosed:		£			
Sort code: 12 20 26 Account no. 01650100 at the Bank of Scotland. Declaration:											
I certify that on behalf of all the persons included on this form, by whom I am authorised to make this booking, that I/we have read, understood, and accept the booking conditions detailed overleaf and/or on .											
the Villascapes website, and that I am over 18 years of age.								Signature Date			
Please advise											
Please advise how you heard about us (internet, friend, etc):											