

01225 764205

Success Tours Ltd. Oak House, Epsom Square, White Horse Business Park, Trowbridge, BA14 0XG

## SECTION 1 - TOUR DETAILS

GROUP NAME \_\_\_\_\_ DESTINATION \_\_\_\_\_ TRAVEL DATE \_\_\_\_\_ TOUR CODE \_\_\_\_\_

## SECTION 2 - DETAILS OF ALL PASSENGERS TRAVELLING

TITLE	FIRST NAME AS PER PASSPORT	SURNAME AS PER PASSPORT	ROOM TYPE TWIN/DOUBLE/SINGLE	ADDRESS
1				
2				
TELEPHONE NUMBER		EMAIL ADDRESS		
SPECIAL REQUESTS - PLEASE STATE ANY DIETARY REQUIREMENTS OR MOBILITY RESTRICTIONS/DISABILITIES				
1				
2				

## SECTION 3 - TOUR COST

ITEMS	PRICE PER PERSON	QUANTITY	TOTAL
TOUR PRICE	£	X	£
SINGLE SUPPLEMENT	£	X	£
	£	X	£
TRAVEL INSURANCE	£	X	£
TOTAL COST OF TOUR			£
LESS INSURANCE * PP	£	X	£
LESS DEPOSIT PP	£	X	£
*N/A WITH YOUR OWN INSURANCE. PAYMENT MUST BE RECEIVED IN ORDER FOR COVER TO BE VALID WITH SUCCESS TOURS.		BALANCE DUE	£

## SECTION 4 - PAYMENT DETAILS

PAYMENT METHOD (PLEASE TICK)  CHEQUE  DEBIT CARD  CREDIT CARD

CHEQUES SHOULD BE MADE PAYABLE TO:  
PLEASE NOTE THAT A 1.40% CREDIT CARD HANDLING FEE WILL APPLY TO ALL CREDIT CARD TRANSACTIONS. THIS FEE WILL BE AUTOMATICALLY ADDED TO THE CHARGE.

## SECTION 5 - DEBIT/CREDIT CARD DETAILS

TYPE OF CARD  VISA  SWITCH  MAESTRO  MASTERCARD  ELECTRON

DEBIT/CREDIT CARD NUMBER

NAME ON CARD \_\_\_\_\_  
 VALID DATE \_\_\_\_\_ EXPIRY DATE \_\_\_\_\_  
 ISSUE NO. \_\_\_\_\_ 3-DIGIT CVV CODE \_\_\_\_\_  
 POSTCODE \_\_\_\_\_

SIGNATURE OF CARD HOLDER \_\_\_\_\_

## SECTION 6 - SEND COMPLETED FORM TO

## SECTION 7

PLEASE TICK THIS BOX TO CONFIRM AGREEMENT TO THE TERMS & CONDITIONS OF SUCCESS TOURS LTD.

FOR A COPY OF OUR TERMS AND CONDITIONS PLEASE REFER TO: [WWW.SUCCESSTOURS.COM](http://WWW.SUCCESSTOURS.COM)

**PLEASE COMPLETE REVERSE OF FORM AS APPLICABLE**

**SECTION 8 - PASSPORT DETAILS MANDATORY - FOR FLIGHT TOURS ONLY**

	DATE OF BIRTH	PASSPORT NO.	NATIONALITY	DATE OF ISSUE	DATE OF EXPIRY	PLACE OF ISSUE
1						
2						

**SECTION 9 - TRAVEL INSURANCE DETAILS - MANDATORY FOR ALL EUROPEAN TOURS BY COACH AIR OR RAIL. OPTIONAL FOR UK TOURS**

	INSURANCE PROVIDER (IF NOT TAKING SUCCESS TOURS COVER)	POLICY NUMBER	24HR EMERGENCY ASSISTANCE COMPANY & TELEPHONE NUMBER (FOUND ON POLICY)	UK DOCTOR'S NAME, ADDRESS & TEL NO.
1				
2				

**SECTION 10 - EMERGENCY CONTACT DETAILS - REQUIRED FOR ALL TOURS**

	NAME	RELATIONSHIP	ADDRESS & TELEPHONE NUMBER
1			
2			