



BOOKING FORM 2010

	Title	First name	Surname	Age	For Office Use only	
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<hr/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		Date booked <hr/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		Holiday booked on <hr/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		Accommodation <hr/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		Deposit paid <hr/>

Permanent address

City State / Prov / County

Zip / Postal code Country

For Office Use only

Date booked

Holiday booked on

Accommodation

Deposit paid

Invoice number

Confirmation sent

Telephone : Home

Work

Mobile

Email address

Contact address (if not as above)

City

State / Prov / County

Zip / Postal code

Country

Holiday code

Holiday name

Joining at

Room type

Other

Departure date

Nights

Tick this box if you are prepared to share a room with someone of the same sex

Please give details of any disability or medical problems Please give details of any dietary requirements Payment herewith
Please state how and when you heard about Grassroutes

Deposit(s) \$(£)

x

persons = Total enclosed \$(£)

Please make cheques / bank drafts payable to Grassroutes Holidays Ltd.

Declaration : I declare that I, the undersigned, am authorised to sign this booking form on behalf of all the above named persons,
all of whom have read the booking conditions and agree to abide by them.

I have read and understood the

Signed :

Date

Flat, 119
Portobello Road
Notting Hill
London
W11 2DY
United Kingdom

Tel: +44 (0) 333 700 8090

Fax: +44 (0) 333 700 8091

Email: info@grassroutesholidays.com

www.grassroutesholidays.com