

Booking Form ^{2011/12}

Telephone: 01204 595 222
Fax: 01204 597 405

European Rentals Ltd: Southwinds, 293 Darwen Road,
Bromley Cross, Bolton. BL7 9BT

European Rentals Ltd

www.algarveagency.com

LEAD PASSENGER NAME

Mr/Mrs/Ms: Initial: Surname:

Address:

Postcode: Home Tel:

No. of Passengers: Work Tel:

Adults: Children: Infants:

Email Address:

HOLIDAY DETAILS

Departure Date:

Return Date: Number of Nights:

Departure Airport:

ACCOMMODATION REQUIRED

Villa/Apartment/Hotel Name:

Room Type: No. of Rooms:

Board Basis: Self Catering B&B Half Board

(please tick)

CAR HIRE

Group: Number of cars:

SPECIAL REQUESTS (meals, golf clubs, etc.)

Request:

GOLF REQUIREMENTS

Course Date No. of Golfers Tee Time Req'd

YOUR OWN FLIGHTS TO FARO

Outbound Flt No.

Arrival Time: Date:

Inbound Flt No.

Departure Time: Date:

ALL PASSENGER NAMES

Title Forename Surname Age H'cap

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2.

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DEPOSIT REMITTANCE AND INSURANCE PAYMENT

A deposit is payable at the time of booking plus insurance premiums.

Deposits: Villa / Passengers at £ = £

Full Payment (10 weeks or less) Passengers at £ = £

Total Amount Included £

METHOD OF PAYMENT

You pay cash, bank transfer or cheque to European Rentals Ltd. if you wish to pay by credit/debit card please complete your payment, SECURELY, online at:

www.algarveagency.com/payments

A 2% charge will be added to your payment. Please remember to quote your name & departure date / or booking reference.

DECLARATION

I agree on behalf of all persons on this booking form to accept the unaltered Booking Conditions (see website) and warrant that I have the authority of all persons named on the Booking Form to make the booking subject to these conditions. I am over 18 years of age.

Signature:

Date:

ADVANCED PASSENGER INFORMATION

YOU ONLY NEED TO COMPLETE THIS IF WE HAVE BOOKED YOUR FLIGHTS

PASSPORT PASSPORT ISSUE EXPIRY ISSUE DATE OF NATION
NAME NUMBER DATE DATE COUNTRY BIRTH -ALITY

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