

# Booking Form



## GUESTS

Names and Dates of Birth as per Passport (to include middle name even if not on passport)

### Surname 1

Mr/Mrs/Miss/Ms

Forename \_\_\_\_\_ Middle name \_\_\_\_\_

Date of birth \_\_\_\_\_

Passport Number \_\_\_\_\_ Issue Date \_\_\_\_\_

Expiry Date \_\_\_\_\_ Country of Issue \_\_\_\_\_

Country of Permanent Residence \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Tel. No. (day) \_\_\_\_\_ Tel. No (evening) \_\_\_\_\_

Mobile Phone No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

### Surname 2

Mr/Mrs/Miss/Ms

Forename \_\_\_\_\_ Middle name \_\_\_\_\_

Date of birth \_\_\_\_\_

Passport Number \_\_\_\_\_ Issue Date \_\_\_\_\_

Expiry Date \_\_\_\_\_ Country of Issue \_\_\_\_\_

Country of Permanent Residence \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Tel. No. (day) \_\_\_\_\_ Tel. No (evening) \_\_\_\_\_

Mobile Phone No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

## HOLIDAY

Location \_\_\_\_\_ Hotel Name \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_ Departure Airport \_\_\_\_\_

\_\_\_\_\_

## Accommodation

Room type (Single/Double/Twin) \_\_\_\_\_

## BOOKING

Please complete this booking form and attach your deposit cheque of £100.00 per person for the **Arena Travel Menorca** and **Croatia** holidays; £100.00 per person for the Atlantic Holidays **Madeira** holiday; £175.00 per person for the **WeCruise Ltd Cyprus** holiday; or £50.00 per person for UK hotel holidays.

A 10% deposit per person is required to secure your **WeCruise Ltd Mediterranean Cruise** booking. Places are limited so please book early to avoid disappointment.

**Please note that cheques should be made payable to the hotel (UK only) or operator as indicated in the 'How to Book' on the relevant holiday page.**

Send to:

**FIRST FOR BRIDGE LTD**  
4 The Lyes, Congresbury  
Bristol BS49 5HF.

## INSURANCE

Insurance is not included in these holidays. If you are having difficulty in obtaining cover please contact the respective travel company who may be able to assist.

## Insurance Details

Company \_\_\_\_\_

Policy No. \_\_\_\_\_

## Preferred Name

\_\_\_\_\_

## Special Requests

(Disability/diet etc)

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\_\_\_\_\_