‘First for Bridge’ Booking Form 2008/2009

Please confirm your reservation by returning this Booking Form completed in full together with a deposit of £120 per person (cheques made payable to Saga Holidays Limited) to:
Martin Holcombe, First for Bridge, 4 The Lyes, Congresbury, Bristol, BS49 5HF

IMPORTANT: PLEASE COMPLETE ALL SECTIONS

Please accept my reservations for ..... persons on the First for Bridge holiday to:
YH333 - Coastline Hotel, Malta departing on November 17 2008 ☐
YD013 - Meteor Hotel, Croatia departing on March 21, 2009 ☐

PASSENGER ONE

Mr/Mrs/Miss ...../...../.....
Address .....
.....Postcode .....
Date of Birth ...../...../19..... Telephone (area code.....).....
e-mail address .....
Date of Birth ...../...../19 .....
Passport number .....
Please tick here if you are not a British citizen ☐
Please state your nationality if you are not a British citizen.....

PASSENGER TWO

If the second passenger resides at a different address a separate form must be completed by this passenger in order for the holiday confirmation to be delivered correctly.

Mr/Mrs/Miss ...../...../.....
Address .....
.....Postcode .....
Date of Birth ...../...../19..... Telephone (area code.....).....
e-mail address .....
Passport number .....
Please tick here if you are not a British citizen ☐
Please state your nationality if you are not a British citizen.....

CONTACT NAME: Please give the name and address of someone in the UK, whom you hereby agree Saga may contact in the case of an emergency arising during your holiday.

Mr/Mrs/Miss ...../...../.....
Address .....
.....
Postcode ..... Telephone number (area code.....).....
e-mail address .....

RELATIONSHIP TO YOU: .....

ROOM TYPE: (state number required) Twin ☐ Single ☐

PLEASE CIRCLE PREFERRED AIRPORT:

Gatwick, Birmingham, Manchester.

INCLUDED INSURANCE: Travel insurance and cancellation cover is an essential part of any overseas holiday. If you choose not to take our included travel insurance and cancellation cover, we offer an opt-out price reduction of £28, but we cannot confirm your holiday until you provide us with the details of your alternative cover. Please ensure that your alternative insurance cover is adequate for your needs and valid from now until you return from holiday, as Saga’s travel insurance and cancellation cover will not apply if you receive the price reduction.

I am already insured and do not need the included insurance and cancellation cover ☐

Name of the company you are currently insured with:.....
Policy number ..... Expiry date.....
Insurer’s repatriation company ....

SPECIAL REQUESTS: (not guaranteed) e.g. room adjacent to friend, overnight stays, special diets, smoking, etc .....
.....
.....
.....

FOR AN ADDITIONAL COST

TRAVEL ARRANGEMENTS: Complete this section only if you are booking rail or coach tickets or a UK airport lounge with Saga.

RAIL: Tickets required from your local rail station to your airport. Number of passengers requiring:
Standard Class return ☐ First Class return ☐
(Senior Railcard holders can enjoy discounts. Railcards must be valid at the time of travel, and be carried during travel)
Number of Senior Railcard Holders requiring:
Standard Class return ☐ First Class return ☐
Name of your local rail station(s) .....
Name of other passengers’ local rail station(s).....
Cross-London Service: Outbound ☐ Homebound ☐
(This costs £7 one way, £14 return per person)

COACH: Number of return tickets required from your local National Express departure point to your UK airport ☐
Name of UK airport .....
Name of your local coach station(s) .....
Name of other passengers’ local coach station(s) .....

AIRPORT LOUNGE: Name of your UK airport.....

DECLARATION: I have read and accept Saga’s booking conditions* on behalf of all the persons in my party, and enclose the full deposit for everyone named on this form. **I understand that if I or anyone travelling with me, is taking ongoing medication or currently on a hospital waiting list or has had a serious illness in the past twelve months requiring treatment with a doctor, I/they must obtain permission to travel from my/their doctor taking into account the nature of the holiday, its duration and the applicable travel arrangements. Please provide details of any medical conditions on a separate sheet.** I understand that Saga and the insurer will not be liable for any claim involving a person who is travelling or intending to travel:

(a) Against the advice of a medical practitioner or for the purpose of obtaining medical treatment abroad.
(b) Is receiving, on the waiting list for, or has knowledge of the need for in-patient treatment at a hospital or nursing home.
(c) Is suffering from any previously diagnosed psychiatric disorder.
(e) Is expected to give birth before, or within two months, of arrival home.

If the state of health of any non-travelling close relative or business associate of any person in my party is likely to get worse between when I book and when I/we intend to travel and could result in the holiday having to be cancelled or cut short, I understand that I must tell you. I understand that all material facts, that is facts which could affect my/our holiday, must be disclosed to Saga in writing. If any material circumstance arises after the date of booking but prior to the date of issue of Saga’s confirmation/invoice, I will advise you.
I understand that if I do not tell you, I may not be able to make a claim. I declare that I am/we are not travelling against medical advice, and I/we accept that Saga cannot provide special assistance which may be required for certain disabilities. I accept that Saga may contact the Contact Name supplied or next of kin in the event of an emergency during my/our holiday.

Signature ..... Date .....
**Booking conditions and insurance details are enclosed with our brochures and are available upon request by telephoning Saga FREE on 0800 300 666, or will in any case be forwarded for acceptance with your holiday confirmation/invoice.*

Deposit £..... Full payment £..... Total £.....
You can also pay by debit/credit card. DEBIT/CREDIT CARDS. I wish to pay my deposit by credit/debit card. Visa Debit Card ☐ Visa ☐ Mastercard ☐ Maestro ☐ Solo ☐
Due to charges imposed on us by credit card companies, we apply a 2% transaction fee on all credit card transactions for **balance payments** other than by Saga Credit Card which is subject to a 1% charge. Please make full payment if you are booking within 56 days of departure, in which case the 2% credit card transaction fee will apply to any credit card payment, except if you are using a Saga Credit Card which is 1%.

PLEASE CHARGE MY ACCOUNT

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐ Name of cardholder ..... Expiry date ...../...../.....

Issue Number ☐☐ Valid from ☐☐ Signature of cardholder ..... Date...../...../.....

By providing the requested data you consent to any company in the Saga Group using it for administrative purposes and for informing you of other Saga products and services by letter, SMS, telephone and/or e-mail. For a complete copy of Saga’s privacy policy please refer to www.saga.co.uk Saga Holidays Limited, a subsidiary of Saga Group Limited, Company Registration Number 2174052. Registered in England. Registered Office: The Saga Building, Enbrook Park, Folkestone, Kent CT20 3SE. SHL6854 (Published in April 2008).