Booking Form

Please make sure you have read the Information and Booking Conditions (Pages 67-68) before completing, signing and returning your form. Please use block capitals to fill out the form. Contact us direct if you have a problem.

Title	First Names *(please underline the first name you normally use)	Surname	Date of Birth

*PLEASE MAKE SURE YOU ENTER THE NAME DETAILS EXACTLY AS ENTERED ON THE PASSPORT.

Address		Contact Numbers		
		Home tel:		
	Work tel:			
		Mobile:		
Pr	ostcode:	Email:		
Name of Holiday as shown in the Brochure		Date of Departure		
		Please tick here if you would like to receive our e-marketing communications.		
Hotel Room Requirements	Non-smoking (please tick) subject to availability	Your data will not be shared with a third party. You can, at any stage, ask for		
Twin or Double (either):		your details to be removed from our database.		
Twin (only)				
Willing to share (Twin)				
Single	101			
Connecting flights from regional airports and upgrades available upon request. Please tick here and we will con		TRAVEL AGENTS' STAMP ONLY		
Deposit Payment (All debit/credit card information will be Please note we do not accept AMEX. Preferred payment		SIA		
Deposit payment by Debit Card Credit Card (or	by cheque below) BACS			
Card Number:	Expires end CVC			
Name on Card	Amount £	BACS PAYMENTS		
Signature Credit/debit card only:	Date	Account Name: Ffestiniog Travel Bank Name: NATWEST		
I undertake on behalf of myself and my party to take the holiday a		Sort: 60-05-11 Account Number: 28375459		
money required no later than 10 weeks before the date of departu conditions and have signed and dated the form.	ure. I have read and understood the booking			
PLEASE NOTE: Your signature below will also be taken as an inc		Our question to you ?		
not travelling against the advice of a qualified medical practitioner.	. PLEASE TUKN UVEK.	Are you an existing Ffestiniog Traveller? (please circle as appropriate). If not, how did you first hoor about Efectinica		
		how did you first hear about Ffestiniog Travel?		

Date

Additional Information Needed to Process your Booking

Passport Information

Name	Passport Number	Issue Date	Expiry Date	Nationality	Passport Issuing Country	Place of Birth	Gender M/F

Airlines are now required to forward Passport Information to the relevant Immigration Department of the country you are visiting prior to arrival.

Personal Information

To comply with the Data Protection Act, any medical information provided here will not be disclosed to your insurance provider. It is your responsibility to ensure that any relevant information is passed to your insurance company.

Medical Information (e.g. diabetic)	Dietary Requirements (e.g. vegetarian)	Emergency Contact Details (name & tel. no.)

Insurance Information

Please ensure your insurance policy includes cover for COVID-19 related cancellations in the event that you have to cancel your holiday.

Insurance Company	Policy Number	24hr Emergency No

We are required by law to notify suppliers of clients with reduced mobility including people with walking difficulties, broken limbs, also pregnant women. Please indicate here if you have reduced mobility and other information you believe to be relevant to your booking.

Are you travelling with anyone else who has sent us a booking form independently? If so, whom?

Is there anything else you feel we need to know about your booking? eg Airport hotel prior to departure.

Please return signed form to:



Ffestiniog Travel Former St Mary's Church, Tremadog, Gwynedd, LL49 9RA, UK

Tel: +44 (0) 1766 512400 Email: info@ffestiniogtravel.co.uk Web: www.ffestiniogtravel.com

Ffestiniog Travel is the trade name of Ffestiniog Railway Holdings Ltd. Company No 2555576