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| **Please complete & return to:****Travelink Group Ltd****T/a Peltours Groups****48-50 Vivian Avenue****Hendon****London NW4 3XH****Tel: 020 8359 1006****EMAIL****ewa@travelinkuk.com****ewaw@peltours.net** | **ICEJ UK TOUR OF KRAKOW****08 – 12 April 2024 - 4 nights** |  |
| travelink logo |
| Price per person sharing a double room: £569.00Single room supplement: £180.00 | **Traveling logos_ATOL Blue** |
| **Tour Only****Flights are not included** |
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## PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS – THANK YOU

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| **Title** | **First Name*****As shown on your passport*** | **Surname*****As shown on your passport*** | Date of Birth | Please ensure you hold a full valid passport with at least 3 months unexpired from the date of your return from Poland. |
| Accommodation |  |  |
| Twin/Double | **Single** | **Nationality** |
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| **Address to whom all correspondence will be sent.** |
| **Name: Address:** |
|   |
|  **Postcode:** |
| **Telephone Numbers. Home: Mobile:** |
| **Email address:** |
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| TRAVEL INSURANCE |
| It is a condition of booking that each group member has adquate travel insurance. Such insurance should ensure you are fully covered against unexpected items such as; cancellation charges, medical expenses abroad, loss of luggage or money, personal liability claims and Covid-19. Travelink have arranged with Campbell Irvine Limited to offer comprehensive travel insurance specifically tailored for this tour. The travel insurance policy offers a high level of cover at exceptional value. We strongly recommend you purchase this highly rated travel insurance and we will send you further details of how to book when we acknowledge receipt of your booking form.If you have taken an alternative holiday insurance policy which provides cover comparable or greater than that provided by Campbell Irvine Insurance Limited, including cancellation cover, 24-hour emergency telephone service, and Covid-19 cover, please complete below:-My insurers are……………………………….Policy No…………………………………………Insurance Emergency Tel. number………………………………………... |
| **In case of an emergency name and contact number of your next of kin**: |
| **Special requests (if any) e.g. Vegetarian, Disabilities, Adjoining rooms etc.** We will do our best to meet your requests, but please understand no guarantees can be given.Should you require a room share we will endeavor to arrange this - if this proves impractical, the appropriate supplement is payable. |

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| **PAYMENT AND DECLARATION** | **HOW TO MAKE PAYMENT** |
| This tour involves a substantial amount of walking, some of which will be over irregular surfaces such as cobblestones and poorly maintained walking areas.If you think you may have difficulty with this, then this tour may be unsuitable for you. If you will be taking a wheelchair, it is a condition of the booking that you advise us of the name of the person who will be accompanying and assisting you throughout the tour. Please be aware that certain sites may have limited wheelchair access.**Deposit of £250 per person is required to secure your place or the full amount if travelling within 8 weeks of the departure date.**Total payment of: £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I as the lead passenger agree on behalf of all the named persons on this booking form to accept the booking conditions and privacy policy (available at: [www.travelinkuk.com](http://www.travelinkuk.com) or on request) and warrant that I have the authority of all the persons named on the booking form to make the booking subject to these conditions. I am over 18 years old.**Signed**………………………………………………......**Date**…………………………………………….. | Please tick the relevant box. **Bank Transfer**The most secure way to pay is by bank transfer:Sort Code: 20-95-87 Account Number: 90688126Account Name: Travelink Group Ltd t/a Peltours GroupPlease quote reference: ICEJ UK + Your Surname **Credit or Debit Card**If you have ticked this box, we will email you with further information with how to complete payment. |

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| **PASSPORT AND VISA**If you are a UK passport holder, you do not need a visa to visit Poland, for any other passport holders please contact us for further details. Please check you have **a minimum of 3 months validity** on you passports from the date of return travel. |

**PASSPORT INFORMATION**

**To be completed for each person**

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| Name | PassportNumber | PassportFull date of issue (DD/MM/YY) | Passport Full date of expiry(DD/MM/YY) | PassportCountry of Issue | VISA GRANTED? *(If Applicable)* Answer YES or WAITING |
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