

Send completed forms to:  
**Diann Arnfield**  
**Woking Leisure Centre 50+ Club**  
**C/o Elmerston**  
**Colekitchen Lane, Gomshall**  
**Guildford**  
**GU5 9LH**  
**diannarnfield@gmail.com**



Group Tours by Coach and Air  
**Booking Form**

|                         |                          |                                |
|-------------------------|--------------------------|--------------------------------|
| Tour: The Lake District | Tour Reference: 25/WLC01 | Tour Dates: 31 May/5 June 2025 |
|-------------------------|--------------------------|--------------------------------|

| Mr<br>Mrs<br>Miss<br>Ms | First/given name(s)<br>(as they appear on<br>your passport) | Surname<br>(as it appears on<br>your passport) | Room<br>type<br>Single<br>Twin<br>Double<br>Triple | Date of Birth | Please complete passport details if you are travelling<br>outside the UK |               |                |                     |
|-------------------------|---|--|--|---------------|--|---------------|----------------|---------------------|
|                         |   |  |  |               | Number<br>(& nationality if not<br>British)                              | Issue<br>date | Expiry<br>date | Country of<br>issue |
|                         |   |  |  |               |  |               |                |                     |
|                         |   |  |  |               |  |               |                |                     |
|                         |   |  |  |               |  |               |                |                     |
|                         |   |  |  |               |  |               |                |                     |

For UK & Ireland tours please indicate whether you are a member of:

National Trust

English Heritage

RHS

Deposit  or full payment

|  |   |
|--|---|
| Total payments made with this Booking Form | £ |
|--|---|

|  |   |
|--|---|
| Special Requests:                                | Emergency UK contact details whilst you are travelling:<br>Name:<br>Address:<br><br>Telephone Number:<br>Mobile Number: |
| Special Requirements (e.g. Dietary or Mobility): |   |

Full details of the lead passenger / person making the booking, to whom correspondence will be sent:

|          |           |
|----------|-----------|
| Name: *  |           |
| Address: |           |
|          | Postcode: |
| Email:   |           |
| Tel:     | Mobile:   |

On behalf of myself and any others named above I wish to make the booking detailed here. I declare that I have read, and accept, the Norman Allen Group Travel Booking Conditions <https://www.group-travel.com/images/pdfs/NAGTBookingConditions.pdf>. For tours to destinations outside the UK, I declare that all named passengers have arranged travel insurance cover that meets their needs.

|                                       |       |
|---------------------------------------|-------|
| * Signature of person making booking: | Date: |
|---------------------------------------|-------|

The combination of travel services offered to you is a package within the meaning of the Package Travel and Linked Travel Arrangements Regulations. Therefore, you will benefit from all EU rights applying to packages. We will be fully responsible for the proper performance of the package as a whole. Additionally, as required by law, we have protection in place to refund your payments and, where transport is included in the package, to ensure your repatriation in the event that we become insolvent. For more information on key rights under Package Travel and Linked Travel Arrangements Regulations 2018 see <https://www.legislation.gov.uk/ukxi/2018/634/schedule/2/made>

Please address all correspondence, enquiries, insurance applications and all payments (payable to Norman Allen Group Travel Ltd) to your Booking Agent, whose details appear overleaf. If no Booking Agent details are indicated you should deal directly with our office at Portfield House, Daws Road, Hereford, HR1 2JJ, Telephone (01432) 357903, Fax (01432) 352041, E-mail [private@group-travel.com](mailto:private@group-travel.com).

All rooms requested are subject to availability and the room(s) allocated will be advised on your Confirmation or ATOL Confirmation/Invoice. Please make payments as advised in our brochure or by your Booking Agent. We accept payment in cash, by cheque, and most major credit and debit cards including Visa and Mastercard. To use this facility, please fill in the card details below. Please note that if your booking is made within 8 weeks of departure, full payment will be due at the time of booking.

In signing this booking form, you consent to the use of your data in line with the Norman Allen Group Travel Data Protection Policy, see <http://www.group-travel.com/company/nagtprivacy.pdf>.

For the latest travel advice from the Foreign & Commonwealth Office including security and local laws, plus passport and visa information, see [www.gov.uk/travelaware](http://www.gov.uk/travelaware).

We recommend that you take out an appropriate travel insurance policy to cover your travel plans.

You should ensure you have read and understood the full terms and conditions of any travel insurance policy that you choose to take out.

Your travel insurance policy should fully cover you for cancellation, medical expenses and emergency repatriation.

Please ensure your policy covers the entire duration of your holiday and any pre-existing medical conditions that you may have.

Looking for travel insurance cover?

If you have not already arranged cover, please visit <https://normanallen.b2ctravel.co.uk> or telephone 01371 705159 who offer travel insurance.

For any travel insurance purchase, you should check the individual policy wording provided to you carefully to ensure this meets the specific needs for your chosen holiday.

**The following section must be completed in full for all passengers who have their own travel insurance cover.**

|                      |                        |
|----------------------|------------------------|
| Lead Passenger Name: | Policy No:             |
| Name of Insurer:     | Insurer Emergency Tel: |
| Passenger Name:      | Policy No:             |
| Name of Insurer:     | Insurer Emergency Tel: |
| Passenger Name:      | Policy No:             |
| Name of Insurer:     | Insurer Emergency Tel: |
| Passenger Name:      | Policy No:             |
| Name of Insurer:     | Insurer Emergency Tel: |

If you need to advise us of any additional information, please do so in writing, on a separate sheet of paper.

Payment cardholder contact details if different from lead passenger details overleaf:

Name:

Address:

Telephone Number:

Mobile Number:

Email (required)\*:

Please complete payments details below. Once processed the section below the dotted line will be removed and destroyed. For your security, we do **NOT** retain credit/debit card details.

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Please charge the total amount shown overleaf to my credit/debit card number

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |  |
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|---|--|--|--|------------|--|--|--|--|-------------|--|--|--|--|
| Security Code (3-digit number on signature strip) |  |  |  | Start Date |  |  |  |  | Expiry Date |  |  |  |  |
|---|--|--|--|------------|--|--|--|--|-------------|--|--|--|--|