

Breakaway Supported Holidays - Booking Form

HOLIDAY

CODE

START DATE

YOUR PERSONAL AND TRAVEL DETAILS

FULL NAME (AS SHOWN ON YOUR PASSPORT IF APPLICABLE)

DATE OF BIRTH

ADDRESS

POSTCODE

PHONE NUMBER

EMAIL ADDRESS

NATIONALITY

PASSPORT NUMBER

ISSUE DATE

EXPIRY DATE

Holiday insurance is required for all holidays outside of the UK. For holidays in the UK we strongly recommend you take out insurance to cover the non-refundable costs of your holiday in the event you cancel

TRAVEL INSURANCE COMPANY

POLICY NUMBER

PHONE NUMBER

PHOTOGRAPHS - After the holiday we will send you a selection of photos, taken by our couriers, to provide memories of the trip. We sometimes use them for marketing purposes; many customers tell us they enjoy seeing their photos published and by signing this form you agree to their use for these purposes.

PLEASE TICK THIS BOX IF YOU DO NOT WANT US TO USE PHOTOS IN WHICH YOU APPEAR

YOUR EMERGENCY CONTACTS

Your next of kin or legally responsible deputy who can be contacted 24 hours per day if required

NAME

RELATIONSHIP

LANDLINE PHONE

MOBILE PHONE

NAME

RELATIONSHIP

LANDLINE PHONE

MOBILE PHONE

CALCULATE THE COST

BASE PRICE

£

DISCOUNT

£

SUB TOTAL

£

TRAVEL UPGRADE

£

SUPPORT COSTS

£

TOTAL

£

DEPOSIT TO PAY NOW

£

BALANCE OUTSTANDING

£

YOUR SUPPORT NEEDS

Please tick below to indicate what support you need. On receipt of this booking form we will send a Customer Support Profile for full details of your requirements

I NEED HELP WITH:

BASIC DAILY SUPPORT

COMMUNICATION

MEDICATION

A GROUND FLOOR ROOM

MOBILITY

I HAVE NO SUPPORT NEEDS

I ALSO NEED HELP WITH:

AGREE TO OUR TERMS AND CONDITIONS

CUSTOMERS BOOKING DIRECT

By signing this form and or paying the deposit for my holiday I agree to be bound by the terms and conditions of booking and travel detailed in the brochure in which my holiday is advertised.

BOOKING ON BEHALF OF A CUSTOMER

By signing this form and or paying the deposit for this holiday I and the customer agree to be bound by the terms and conditions of booking and travel detailed in the brochure in which my holiday is advertised.

FULL NAME

FULL NAME

SIGNATURE

RELATIONSHIP TO CUSTOMER

DATE

SIGNATURE

Please send this form to:

BREAKAWAY SUPPORTED HOLIDAYS
The Lodge, 27 Duffield Road
Great Baddow
Chelmsford
CM2 9RY

DATE

CONTACT NUMBER