

## BOOKING FORM

<b>DEPARTURE DATE:</b> Monday 6th September 2010	<b>DESTINATION:</b> Buckingham Palace
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**LEAD NAME** (TO RECEIVE ALL CORRESPONDENCE)

<b>MR/MRS/MISS</b>	<b>INITIALS</b>	<b>SURNAME</b>

<b>HOME ADDRESS</b> (TO RECEIVE ALL CORRESPONDENCE)	<b>HOME TELEPHONE NUMBER</b>
	<b>WORK/MOBILE NUMBER</b>
	<b>NAME/TEL NO OF NEXT OF KIN</b>
<b>POSTCODE:</b>	

<b>BEDROOMS</b> MR/MRS/MISS	<b>FIRST NAME</b>	<b>SURNAME</b>	<b>DATE OF BIRTH</b>	<b>ROOM TYPE:</b> DOUBLE/TWIN/SINGLE

SPECIAL REQUIREMENTS – PLEASE ADVISE i.e. GROUND FLOOR ROOM, SPECIAL DIET, DISABILITY, WHEELCHAIR, OR REQUIRE A ROOM NEAR TO THE LIFT ETC.  
YOUR REQUESTS WILL BE PASSED ON TO THE HOTEL, BUT CANNOT BE GUARANTEED.

<b>NO OF PERSONS</b>	<b>TOTAL PAID – CASH/CHEQUE</b>	<b>DATE OF BOOKING</b>

**PLEASE NOTE:** WE RESERVE THE RIGHT TO ALTER THE CONTENTS OF THE TOUR DUE TO CIRCUMSTANCES BEYOND OUR CONTROL. WE RESERVE THE RIGHT TO CANCEL DUE TO INSUFFICIENT NUMBERS, 8 WEEKS PRIOR TO TRAVELLING, IN WHICH CASE A FULL REFUND WILL BE GIVEN.

**DISCLAIMER:** PRIMROSE HOSPICE DOES NOT TAKE RESPONSIBILITY FOR LOSS OF BAGGAGE, MONEY ETC.

**TRAVEL INSURANCE:** IT IS YOUR RESPONSIBILITY TO ENSURE THAT ALL MEMBERS OF YOUR PARTY HAVE VALID TRAVEL INSURANCE. WE WILL NEED A COPY OF YOUR INSURANCE DOCUMENTS PRIOR TO TRAVELLING.

**PLEASE ENSURE THAT YOU HAVE A VALID PASSPORT PRIOR TO TRAVELLING.**

**Please note that your balance is due at the time of booking.**

PLEASE NOTE WE ACCEPT CREDIT CARD/DELTA/SWITCH PAYMENTS. CALL 01527 875444

**I ACCEPT THE ABOVE TERMS AND CONDITIONS OF TRAVEL**

<b>SIGNATURE OF LEAD NAME</b>		<b>DATE</b>

**PLEASE RETURN YOUR FORM TO:** THE FUNDRAISING DEPARTMENT, PRIMROSE HOSPICE  
ST GODWALDS ROAD, BROMSGROVE, WORCS B60 3BW  
Tel No: 01527 875444  
Charity Number 700272