

607 London Road, Westcliff on Sea, Essex SS0 9PE Tel. (01702) 344702 or 349215 www.cookscoaches.co.uk e-mail: info@cookscoaches.co.uk

Destination						Departure Date		
Mr/Mrs	Initial	Initial Surname			INSURANCE		Joining Point	
Miss				Del	lete if not require	d Tw/Db/Sng		
					YES			
					YES			
					YES			
				YES				
				YES				
АУМЕМТ	T DETAILS							
	surance premiun						days, £75 for longer tours as well as Holiday must provide details of their	
nsurance (Company				Po	licy No		
NO OF DEPOSITS @ £50 up to 5 days = @ £75 over 5 days = Full Payment					SPECIAL REQUESTS Please indicate any special requirements (diet, room facilities). We will do our utmost to ensure your requests are met but cannot accept reservations which are conditional upon these requests.			
No of Ins								
	@£_	<u> </u>	= £					
TOTAL E	£							
	nat I am over 18	3 years of age an litions set out on		d 38 of this		s named on thi	s form. I acknowledge the	
Name								
Address								
Postcode					Email			
Tel (day)					(Evening)			
Agent's Stamp					Booking No		www.cookscoaches.co.uk	