# The Arts Society Cambridge

# MADRID

## PAINTINGS AND PALACES

Monday 30 October - Friday 03 November 2023

Please complete this form in **BLOCK CAPITALS** and return it to Heritage Group Travel, together with your deposit of **£500 per person, as soon as possible** and no later than **Friday 12 May 2023**.

This booking form can be completed on any digital device. Please type your details into the spaces below and save the document as a PDF file. Once complete, please return digital booking forms via email to: **Cheryl@grouptravel.co.uk**.

*Name must be exactly as is written on passport* FIRST PERSON

TITLE

FIRST NAME

SURNAME

*Name by which you wish to be known on tour (if different from above)*

*Name must be exactly as is written on passport* SECOND PERSON

TITLE

FIRST NAME

SURNAME

*Name by which you wish to be known on tour (if different from above)*

ADDRESS

POST CODE

ADDRESS

POST CODE

TELEPHONE

MOBILE

EMAIL

TELEPHONE

MOBILE

EMAIL

SPECIAL REQUESTS e.g. Dietary or health requirements, etc
(Special requests cannot always be guaranteed)

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I/We would like to reserve the following room type Twin ☐ Double ☐

Single ☐ Supplement of £155 (subject to single room availability)

If you intend sharing a room with someone not specified on this form please give their name below:

Tour Reference: 153087

FIRST PERSON

**It is a condition of booking that every tour member has adequate travel insurance.**

INSURANCE COMPANY:

POLICY NO.

SECOND PERSON

**It is a condition of booking that every tour member has adequate travel insurance.**

INSURANCE COMPANY:

POLICY NO.

**PASSPORT DETAILS**

DATE OF BIRTH

NATIONALITY

PASSPORT NO.

EXPIRY DATE (DD/MM/YYYY)

ISSUE DATE

COUNTRY OF ISSUE

ISSUING AUTHORITY e.g. UKPA

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**PERSON TO CONTACT IN AN EMERGENCY**

NAME

DAYTIME NO

MOBILE NO

**PERSON TO CONTACT IN AN EMERGENCY**

NAME

DAYTIME NO

MOBILE NO

**INTERNATIONAL FLIGHT REQUIREMENTS**

Please book my flights as per the brochure YES ☐ NO ☐

I will make my own travel arrangements YES ☐ NO ☐

*(We strongly advise that you do NOT make your own flight reservations until you have received written confirmation that your booking has been accepted for this tour)*

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Please book my flights as per the brochure YES ☐ NO ☐

I will make my own travel arrangements YES ☐ NO ☐

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**METHODS OF PAYMENT** All personal information is stored according to the guidelines set out under the Data Protection Act

I/We wish to book ☐ place(s) on the tour and enclose a deposit of **£500 per person**.

I/We enclose a cheque made payable to Heritage Group Travel for the sum of ☐

Please debit my VISA/MASTERCARD the sum of ☐

Please debit my DEBIT CARD the sum of ☐

**I/We have read the booking conditions and confirm that I/we have adequate insurance for this tour**

**Signature/Print Name**

NAME OF CARDHOLDER

CARD NO

EXPIRY DATE

**Date**

**Please telephone Heritage Group Travel on 01225 466620 with your 3 digit security code as payment cannot be processed without this number and bookings cannot be confirmed until payment has been made.**

I/We have made payment by BANK TRANSFER to the following account: ☐

Account Name: **Heritage Group Travel Ltd**
Account Number: **11388808**
Sort Code: **16-12-53**
Reference: **153087 (& your SURNAME)**

**Please note that we need to be in receipt of your booking form to enable us to process your booking**