HAVANATOUR BOOKING FORM

Havanatour UK Ltd, 3 Wyllyotts Place, Potters Bar, Hertfordshire, EN6 2JD • Tel: 01707 646463 • Fax: 01707 663139 • sales@havanatour.co.uk

LEAD PASSENGER / TRAVEL AGENT DETAILS

Name: _____

Address: _____

_____ Postcode: _____

Day Tel No.: _____ Day Fax No.: _____ E-mail address: _____

All correspondence/tickets will be sent to the above address

FULL NAMES *(All Passengers)* AS SHOWN ON THEIR PASSPORTS

Surname	Title	First Name	Child age on day of return to the UK	Tourist Card required		Insurance Required (please circle)	
				YES	**NO**	**YES**	**NO**
				YES	**NO**	**YES**	**NO**
				YES	**NO**	**YES**	**NO**
				YES	**NO**	**YES**	**NO**
				YES	**NO**	**YES**	**NO**

No. of Nights _____ **Departure Date** _____ **Are you booking flights with Havanatour? Yes / No**

AIRLINE DETAILS (only required for 'accommodation only' bookings)

AIRLINE Outbound Departure Airport _____ Flight Number _____ Date _____

Inbound Departure Airport _____ Flight Number _____ Date _____

ACCOMMODATION DETAILS

Hotel Name	Arrival Date	Departure Date	No. of Nights	Room Type	Meals Basis

Agreed Cost: _____ Adult _____ Child _____

Your travel agent/our sales consultant may contact you to discuss in greater detail your holiday request.

CAR HIRE BOOKINGS

Car Group _____ No. Days req: _____ Date of Pick-up: _____ Approx Time of Pick-up: _____

Car Pick-up Area required: _____

Full Name(s) of Driver(s): _____

SPECIAL REQUESTS (cannot be guaranteed)

_____

_____

_____

_____

_____ *(Please use a separate sheet if required)*

Payment Details **Please note there is a charge of 2% for credit card payments only**

Please debit my Mastercard/Visa Credit Card or **Switch/Delta Card** *(please circle)*

Card No.: | | | | | | | | | | | | | | | | |

Issue No.: _____

Valid From: _____

Expiry Date: _____

CCV: _____

Name/Address on card: _____

Acceptance of Conditions

I enclose £_____ which represents the total deposit(s) for my party (£100 per person) plus the appropriate insurance premium (if applicable) or full payment for bookings made within 8 weeks of departure. I agree on behalf of the person(s) named above for whom I am authorised to make this booking that I/we have been shown and have read the booking conditions, destination advice and the conditions of insurance (where applicable) and I/we accept that my/our booking is made subject to these conditions. I/we authorise my travel agent (where applicable) to make this booking on my behalf and instruct them to act in accordance with the requirements of Havanatour.

If I/we have declined your recommended insurance I agree, on behalf of all the persons named on this form, to indemnify Havanatour for any costs that arise which would otherwise have been met had the recommended insurance been taken.

Signature: (also authorises credit card payments) _____ **Date:** _____

***Please make all cheques payable* to Havanatour UK Ltd.**