

BOOKING FORM

1 Names of all People in Party	Mr/Mrs/Ms Miss/Msfr Infant	First Name	Surname(s): Party leader first	Age if under 18	Insurance Required?
					YES
					YES
					YES
					YES
					YES
					YES
					YES
					YES
					YES

2 Address of Party Leader
Address _____ _____ _____
Postcode _____
Home Telephone _____ Work Telephone _____
Fax _____ E-mail _____

3 Holiday Details	Name of accommodation:	Number of Cots required	Duration of stay (please tick)			
				7 <input type="checkbox"/>	14 <input type="checkbox"/>	21 <input type="checkbox"/>
	Departure from UK:	Flight No:	Arrival in Greece:			
	Date Time		Date	Time		
	Departure from Greece:	Flight No:				
	Date Time					

4 Transfers
Please tick box:
Taxi from airport to House <input type="checkbox"/> and return <input type="checkbox"/>
Car Hire from airport to House <input type="checkbox"/> and return <input type="checkbox"/>
Hydrofoil to Volos, taxi to House <input type="checkbox"/> and return <input type="checkbox"/>
Hydrofoil to Volos, hire car to House <input type="checkbox"/> and return <input type="checkbox"/>
Bus to Volos, taxi to House <input type="checkbox"/> and return <input type="checkbox"/>
Bus to Volos, hire car to House <input type="checkbox"/> and return <input type="checkbox"/>

5 Insurance
If you do not require the Travel Insurance scheme offered by tagconnect (for full details see p12) please delete the "YES" in box 1 (above), give details of your existing scheme: _____ _____
and sign here: _____

6 Car Hire	Car required at (tick box)	ATHENS <input type="checkbox"/>	THESSALONIKI <input type="checkbox"/>	VOLOS Airport <input type="checkbox"/>
		VOLOS Town <input type="checkbox"/>	HOUSE <input type="checkbox"/>	
Group: _____		From: _____	To: _____	Total Days: _____
Extra Driver(s) <input type="checkbox"/>	Excess Waiver/ Super CDW <input type="checkbox"/>	Theft Insurance (Volos cars only) <input type="checkbox"/>	Child seat(s) <input type="checkbox"/>	Roof Rack <input type="checkbox"/>

7 Guest House at Gatwick	Please reserve the following rooms: (tick box)
	Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> Four <input type="checkbox"/> Five <input type="checkbox"/>
I WILL/WILL NOT need a parking space. (Delete as applicable)	

8 Remittances	If you are booking more than 8 weeks prior to arrival date, the following remittances are payable at the time the Booking Form is returned.	
1 Accommodation only deposit	£30 per person for one week	<input type="text"/>
	£50 per person for two weeks	<input type="text"/>
	£70 per person for holidays of more than two weeks duration	<input type="text"/>
2 Gatwick-Volos-Gatwick Flight deposit	£80 per person	<input type="text"/>
3 Car Hire deposit	£30 per car	<input type="text"/>
4 Hotel/Guest House deposit	£10 per booking	<input type="text"/>
TOTAL NOW DUE		<input type="text"/>
N.B. The full amount is payable for bookings made within 8 weeks of arrival date.		

9 Signature	I enclose a cheque for £ _____ being the sum indicated above in TOTAL NOW DUE
	On behalf of the person(s) named in Section 1 of the Booking Form, I have read and agree to the Booking Conditions as set out on page 13, and to the Booking Conditions and General Conditions of Rental pertaining to Car Hire, as set out on page 11. I require/do not require* the Holiday Insurance arranged by tagconnect (0845 408 0583) and it is warranted that the Insured Persons, or any person on whom the travel plans depend, at the commencement of any holiday or trip covered by this insurance is not travelling against medical advice or for the purpose of obtaining medical treatment. It is warranted that each Insured Person is a permanent resident of and domiciled in the United Kingdom.
Signed _____	Date _____
* delete as applicable.	

10 How did you hear about us?	
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Cheques should be made payable to **HOUSES OF PELION LTD.**
and sent to **T. B. SMART, PO BOX 4985, ARGHALASTI, GREECE GR 370 06.**



HOUSES : PELION

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