Nice & the Côte d'Azur

Friday 02 - Wednesday 07 May 2025

Please complete this form in **BLOCK CAPITALS** and return it to Heritage Group Travel, together with your deposit of **£450 per person, as soon as possible** and no later than **Friday 29 November 2024**.

TITLE — FIRST PERSON	TITLE — SECOND PERSON
FIRST NAME	FIRST NAME
SURNAME	SURNAME
Name by which you wish to be known on tour	*Name by which you wish to be known on tour*
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)	SPECIAL REQUESTS e.g. Dietary or health requirements, etc (Special requests cannot always be guaranteed)

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

Single ☐ Supplement of £280 (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: 153180

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

FLIGHT REQUIREMENTS

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

I/We will make our 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)

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All personal information is stored according to the guidelines set out under the Data Protection Act

METHODS OF PAYMENT

I/We wish to book ☐ place(s) on the tour and enclose a deposit of **£450 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

NAME OF CARDHOLDER

CARD NO

EXPIRY DATE

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

Signature/Print Name

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: **153180 (& your SURNAME)**

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