

Booking Form ²⁰¹⁰

Reservations: 01204 595 222
Admin & Brochures: 01204 591 621
Fax: 01204 597 405



ABTA No.V8834

Algarve Agency: Southwinds,
293 Darwen Road, Bromley Cross,
Bolton BL7 9BT



www.algarveagency.com

LEAD PASSENGER NAME

Mr/Mrs/Ms: Initial: Surname:

Address:

Postcode: Home Tel:

No. of Passengers: Work Tel:

Adults: Children: Infants:

Email Address:

HOLIDAY DETAILS

Departure Date: Number of Nights:

Return Date: Number of Nights:

Departure Airport:

ACCOMMODATION REQUIRED

Villa/Apartment/Hotel Name:

Room Type: No. of Rooms:

Board Basis: Self Catering B&B Half Board
(please tick)

CAR HIRE

Group: Number of cars:

SPECIAL REQUESTS *(meals, golf clubs, etc.)*

Request:

GOLF REQUIREMENTS

Course	Date	No. of Golfers	Tee Time Req'd

YOUR OWN FLIGHTS TO FARO

Outbound Flt No. Arrival Time: Date:

Inbound Flt No. Departure Time: Date:

ALL PASSENGER NAMES

Title	Forename	Surname	Age	H'cap	Req'd	Ins.
1.						Yes
2.						Yes
3.						Yes
4.						Yes
5.						Yes
6.						Yes
7.						Yes
8.						Yes
9.						Yes
10.						Yes

DETAILS OF ALTERNATIVE POLICY *(if our insurance is not taken)*

If you elect not to take Algarve Agency travel insurance, please indicate details of alternative insurance.

Details of alternative insurance:

Name of Insurer:

Policy Number:

Emergency Telephone Number:

I have declined the insurance offered to my party by Algarve Agency and take full responsibility for providing adequate insurance cover and any expenses incurred.

Signature:

Note: Our assistance in the resort in an emergency may be restricted should you arrange your own travel insurance.

DEPOSIT REMITTANCE AND INSURANCE PAYMENT

A deposit is payable at the time of booking plus insurance premiums.

Deposits: Passengers at £ = £

Insurance: Passengers at £ = £

Full Payment (10 weeks or less) Passengers at £ = £

Total Amount Included £

METHOD OF PAYMENT

You may pay cash, cheque made payable to Algarve Agency or by credit card. If you wish to pay by credit card please complete the rest of this section. A 2% charge will be made for payments by credit card. No charge is made for debit cards (Switch, Delta, Solo, etc).

I wish to pay by:

Card Holder: Switch Card Issue No:

Card Number: Expiry Date:

Security Number (last 3 digits of number on back of card):

Signature: Date:

DECLARATION

I agree on behalf of all persons on this booking form to accept the unaltered Booking Conditions (see website) and the insurance conditions (where applicable) and warrant that I have the authority of all persons named on the Booking Form to make the booking subject to these conditions. I am over 18 years of age.

Signature: Date:

In order to comply with EC Directives and ABTA Financial Provisions, this booking form must be completed and returned to Algarve Agency within 48 hours of confirming your booking. You may complete a photocopy in order to keep brochure intact.