



Please phone before completing this form to check availability

Post completed booking form & deposit to:  
**SKINNERS OF OXTED**  
15 Barrow Green Rd, Oxted, Surrey RH8 0NJ

Tel: 01883-713633  
Fax: 01883-730079  
Email: info@skidders.travel

<b>TITLE:</b>	<b>INIT:</b>	<b>SURNAME:</b>	<b>HOLIDAY TITLE:</b>			
			<b>ACCOMMODATION</b>	TWIN	DOUBLE <small>(when available)</small>	SINGLE
<b>ADDRESS:</b>			<b>SPECIAL REQUESTS:</b>			
<b>Postcode:</b>						
<b>(Home):</b>			<b>(Work):</b>			
<b>INSURANCE YES/NO</b>	<b>Insurance excess waiver YES/NO</b>	I confirm that I have read and accept for myself, and those on whose behalf I have made this booking, the terms of the trading charter as published in this brochure.				
I confirm I have read the insurance terms & conditions & that I wish to purchase travel insurance <input type="checkbox"/>		<b>SIGNATURE:</b> ..... <b>DATE:</b> .....				

Insurance is compulsory on all non-UK holidays. If you do not wish to take our insurance cover you **MUST** give details of your alternative travel insurance arrangements.

I have decided to make my own insurance arrangements for those individuals whose names appear on the booking form. I therefore agree to indemnify your company against any expense, which anyone in my party may incur as a result of having inadequate insurance protection, with effect from today.

Name of insurer:..... Policy No:.....

Name of emergency assistance company:..... Telephone no:.....

Signature .....

I enclose a cheque (payable to Skinners) or please charge my Visa/Mastercard/Delta (*delete as appropriate*) with the sum of £ ..... (being deposit plus insurance premium if booking more than 42 days prior to departure or the full payment if within 42 days).

Card number:

EXPIRY DATE:..... ISSUE DATE ..... NAME ON CARD:..... SECURITY CODE: .....

ADDRESS OF CARDHOLDER.....



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