

Ref:

**Fairport Convention
Rhine River Cruise
16th – 23rd June 2020**

104 Whalley Road
Wilpshire
Blackburn
Lancashire
BB1 9LJ Tel: 01254 476075



www.dreamcatchertravel.co.uk

Passenger Details:	Lead Passenger	Second Passenger
Title (e.g. Mr/Mrs/Miss/Other)		
First Name (as shown on passport)		
Last Name (as shown on Passport)		
Known as name (if different to passport)		
Home Address:		
Street		
Town		
County		
Postcode		
Home Telephone:		
Mobile Telephone:		
Email Address:		
Emergency Contact Next of Kin		
Emergency Contact Phone Number		

Travel Arrangements:

Please indicate if you'd be interestd in extra nights in either Amsterdam Pre Cruise [] or Basel Post Cruise [] we will contact you to discuss.
Do you require assistance with booking your flights? [] Yes [] No We will contact you to discuss your options if you require our help.

Stateroom Accommodation

Suite Mozart Deck 284 sq.ft	<input type="checkbox"/>	Cat C1 Haydn Deck 172sq.ft	<input type="checkbox"/>	If you would like to request a specific stateroom please indicate your preference here: _____ _____
Cat A1 Mozart Deck 188 sq.ft	<input type="checkbox"/>	Cat C4 Haydn Deck 172sq.ft	<input type="checkbox"/>	
Cat B1 Strauss Deck 188 sq.ft	<input type="checkbox"/>	Single Occupancy B1	<input type="checkbox"/>	How would you like the bed configuration? Twin [] Double []
Cat B4 Strauss Deck 188 sq.ft	<input type="checkbox"/>	Single Occupancy C1	<input type="checkbox"/>	

Declaration

All the named persons are fit to travel and are not travelling contrary to medical advice. All pre-existing medical conditions must be declared to your insurance company.

N.B. If there is a change in the general health of any of the above named, medical advice should be sought before taking the proposed holiday. A medical certificate may be requested.

On behalf of the persons named above, whose authority I have to sign this agreement, I have read and agree to the terms and conditions of booking stated on the Dreamcatcher website www.dreamcatchertravel.co.uk.

Final Balance is due 12 weeks prior to departure

Name (please print)

Signature

Date

This booking form is a request for your holiday. No contract exists until you have received a booking confirmation from us. Please return completed booking form to Dreamcatcher Travel, 104 Whalley Road, Wilpshire, Blackburn, Lancs BB1 9LJ or email to: info@dreamcatchertravel.co.uk

Special Requests: (e.g. dietary requirements / wheelchair assistance / special transfer requirements)

Insurance

Please provide FULL details of your current holiday insurance cover. This information can be provided any time prior to departure. We strongly advise you obtain travel Insurance that covers your for cancellation of your holiday as soon as you pay your deposit. Cover can be provided with Holiday Extras /Latitude Insurance: www.insurancereferrals.co.uk QUOTE: M0465 or Call: 0800 0833 551 QUOTE: M0465

Cover is provided by:

Insurance Company:

24 hour emergency tel. no:

Policy No:

**Payment Details: BACS: Barclays Bank, Global Travel Group Ltd
Sort Code: 20-51-01 Account No: 60128082 Quote: M0465/[Your Surname]
For Debit Card payments Please call the number above
A 3.5% Fee will apply to all Business Credit card payments
(no fee for Debit Cards)**

Non-refundable deposit pp

£

Total Deposit Paid

£

Deposit Required £200 per person

Email completed booking form to andy.schofield@dreamcatchertravel.co.uk or angela@dreamcatchertravel.co.uk