

BOOKING FORM

Please return booking form to: **Pure Alpine Holidays**, Po Box 40, Hove, East Sussex BN3 5WL
Tel/Fax: 01273 778006 www.purealpineholidays.co.uk

Please read the booking conditions before completing the booking form. Once we receive your booking form together with the deposit or full payment. As applicable we will send you your confirmation/invoice. Please check it carefully as later changes may incur £25 administration charges per change.

					Booking Ref	
Lead Name						
Title:	Surname:	First name:	Telephone:	Mobile:		
Address:				e-mail:		
No of Guests:	Resort	Travel dates		From:	To:	
Activity		Tennis:	Ski:	Other add-on options:		
Accommodation		Name:	Self Catering:	Bed & Breakfast:	Half board:	Full board:
Guest details						
Title	Surname	First name	Age:	Pure Alpine Holidays travel Insurance	<i>If you have your own insurance policy, please provide insurance company name & policy number.</i>	
				Yes/No		
Please provide any other information which may be relevant to your holiday, such as any mobility problems, dietary needs etc. We will endeavor to assist you with any special needs or requests.						
Payment details		30% deposit is required per booking. If a booking is made within 10 weeks of departure, the full amount is payable. Please make cheques payable to Pure Alpine Holidays		Please enter the amount enclosed with the booking form: £ deposit/full amount		
Agreement						
I confirm that I have read and accept the booking conditions, on behalf of those booked in my name relating to accommodation and add-on options. I confirm that all my party has adequate insurance cover including winter sports and any other activities my party will be participating in. In addition I take full responsibility for all costs and liabilities covered by the insurance policy. I enclose a copy of the policy for your reference.				Signature:		Date: