

Celtic Trails Booking Form

Please write clearly and tick appropriate boxes.
If completing the form on computer, we suggest you switch off the "insert key" on your keyboard so that you override the existing typing/settings, otherwise everything will move to the right as you type.

DETAILS OF WALKERS:

Title	First Name	Surname	Date of Birth	Title	First Name	Surname	Date of Birth

POSTAL ADDRESS FOR MAIN CONTACT:

Post/Zip Code	Country:
Tel: Daytime:	Mobile (for office/accom providers): E mail:

HOLIDAY DETAILS:

Choice of walk (Offa's Dyke, Pembs Coast Path, Glyndwr's Way, etc)	Date of arrival	Date of departure	Starting point	Finishing point	No of nights	No of rest days reqd	Rest Day location(s)

Preferred daily distances – please tick box:

8 – 12 miles		10 – 15 miles		12 – 16 miles		Other – please specify?
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ACCOMMODATION:

Grade of holiday required:			Room requirement (private facilities will be booked wherever possible):					
Classic		Classic Plus		Single / single occupancy (supplements usually apply)		Twin-bedded		Double

Meals – please tick if you would like us to pre-book lunches/dinners with your hosts (payment should be settled directly by you):

Packed Lunches (these are inclusive with our Classic Plus grade holidays)		Evening Meals (in the event that there is nowhere to eat locally, we will pre-book dinner with your host as a matter of course)	
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(Note: Full cooked breakfast is included in the price)

Dietary Restrictions or Allergies - please specify any special requirements:

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How will you be travelling to/from the start/finish points of your walk (car / train / coach)? If you are bringing your own car, will you require parking at the start/finish point ? (NB parking fee may be incurred)

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Please supply any other relevant information which could help us fulfil your holiday requirements:

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Please would you let us know how you heard about Celtic Trails:

Recommendation:	Advert (please advise name of publication):	Web site:
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A deposit of £100 per person (£150 for single person bookings) is required with confirmation of booking.

Cheque (made payable to Celtic Trails)
UK customers and accounts only Debit Card Credit Card – Visa or MasterCard (we do not accept American Express)

Card No:

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Full Name on Card: _____ Expiry Date: _____

Last three digits of security no (on reverse side of card below signature): _____

Start date (if applicable): _____ Issue No (if applicable): _____

Name of cardholder: _____

Signature of cardholder: _____ Date: _____

This booking is subject to Celtic Trails Booking Conditions. I confirm that I have read and understood the Booking Conditions enclosed with this Booking Form and agree to be bound by the terms therein.

Signed: _____ Date: _____

Signed: _____ Date: _____

Please return this completed booking form to Celtic Trails with your deposit payment.

**Post to: Celtic Trails, PO Box 11, Chepstow, Monmouthshire. NP16 6ZD. UK
Fax to: 44 (0) 1291 689 846**

**For additional information, please call our team of Walk Co-ordinators:
Tel: +44 (0) 1291 689 774
or send an e mail to: info@celtrail.com**