Please complete & return to:

Travelink Group Ltd
50 Vivian Avenue
Hendon
London NW4 3XH

Tel: 020 8931 8811
or email to:
groups@travelinkuk.com

A special visit to the Holy Land with Jeff & Kay Lucas

Price pp sharing a twin or double bedded room: £1795.00

Price in a single room: £2352.00

24th April – 01st May 2018 (7 nights)
Flights from London Luton

travelink

ABTA 60919 / V7117

ATOL PROTECTED 1886

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS – THANK YOU

Title	First Name *As shown on your passport*	Surname *As shown on your passport*	Date of Birth	Please ensure you hold a full valid passport with at least 6 months unexpired from the date of your return from Israel.			
				Accommodation			
				Twin	Single	Nationality	Name to be printed on your badge. E.G. Chris, Bob etc

Address to whom all correspondence will be sent.

Name: **Address:**

Postcode:

Telephone Numbers. Home: **Work:** **Mobile:**

Email address:

Special requests (if any) e.g. Vegetarian, Disabled, Adjoining rooms etc. – We will do our best to meet your requests, but please understand no guarantees can be given.

Should you require a room share we will endeavor to arrange this, **but if this proves impractical, then the appropriate supplements will be payable.**

PLEASE COMPLETE THIS SECTION ONLY IF OUR INSURANCE HAS NOT BEEN EFFECTED

As your tour operator, we would like to remind you of the importance of adequate holiday insurance. Such insurance should ensure you are fully covered against unexpected cancellation charges, medical expenses rising abroad, losses of luggage or money and personal liability claims. As Travelink insurance is particularly selected for travel to Israel with high cover at low premium this policy is highly recommended. If you decline this policy please complete the following.

I have taken an alternative holiday insurance policy, which provides cover comparable or greater than that provided by the Travelink Group policy, including cancellation cover for all causes beyond my control and offering a 24-hour emergency telephone service.

My insurers are……Policy No……Emergency Contact Tel. Number……..

In case of an emergency, name and contact number of your next of kin:

PAYMENT AND DECLARATION	PAYMENT METHODS:-
Deposit £250.00 per person **or the full amount if travelling within 8 weeks** £_____ Insurance premium (UK residents only- Non UK residents must obtain insurance in their country of residence.) £_____ 19 – 65 years - £19.48 66 – 69 years - £29.22 70 – 75 years - £38.96 76 – 79 years - £48.70 80 – 85 years - £68.18 Total payment: £_____ I agree on behalf of all the named persons on this booking form to accept the booking Conditions and the Insurance Conditions (available at **www.travelinkuk.com** or on request) and warrant that I have the authority of all the persons named on the Booking Form to make the booking subject to these conditions. I am over 18 years old. **Signed**…… **Date**……	Payment by Bank Transfer: Account Number: 90409820 Sort Code: 20-95-61 Please use 'LUCASUK' as a reference. Or cheques made payable to TRAVELINK Deposits & balances paid by credit card incur an additional charge of 2%. No charge is made for Debit Card payments. CARD TYPE e.g. (VISA, AMEX, MASTERCARD, DELTA)…… (delete as appropriate) Card Number: …… …… …… …… Amount £_____ DEPOSIT*/FULL AMOUNT Expiry date…… 3 Digit Security No.:…… Amex 4 digit no…… Card Holders Name:…… Card Holders Address:…… ***Signature**…… **Date**…… .

*** Please ensure that you also sign the payment and declaration statement even if you have completed the credit card/debit card section.**

If your passport is other than an UK/EU passport, you are advised to check with the Israeli Embassy (Consulate Section) for advice. Full details of countries currently requiring visas, visa information and visa applications can also be found on the website shown below:

www.embassyofisrael.co.uk
(Then click on Consular Services and then Visa Information)
Tel: 020 7957 9500 (14:30 -17:00 Mon-Thurs only.)

PASSPORT INFORMATION NOW REQUIRED BY MANY AIRLINES IN ADVANCE OF TRAVEL

(**To be completed for each person** – *the section with a grey highlight is only for those requiring visas)*

Name	Passport Number	Passport Full date of issue	Passport Full date of expiry	Passport Country of Issue	VISA GRANTED? *(If Applicable)* Answer YES or WAITING