

Northumberland Booking Form

PASSENGER NAME & DETAILS

Name _____ Group Name **Arts Society Cranleigh & Friends**
 Address _____
 Email _____ Postcode _____
 Daytime Contact Number _____ Mobile No. _____
 Emergency Contact Name _____ Telephone No. _____

TOUR DETAILS

6 days / 5 nights duration departing **Friday 25th June 2021**
 Return Executive Coach Travel departing from Village Way Car Park Cranleigh
 5 nights dinner, bed & breakfast at the **3*BW Plus Gibside Hotel** ensuite rooms + portorage
 Included excursion package as detailed in our sample itinerary
Exceptions are NT properties which are free for card carrying members. Non-members to pay these locally
 Price **from £719pp** Twin / Double share
 Single supplement **£89pp (5 nights)** – maximum 15 rooms only
 Optional Travel Insurance **£45pp** - No upper age limit (conditions apply) includes IPT (Insurance Premium Tax) @ 20%
 Deposit (non-refundable/ non-transferable) **£100pp**
 Balance due in full by the **10.05.21**
Simply Groups Ltd is an Appointed Representative of ITC Compliance Ltd who is Authorised and Regulated by the Financial Conduct Authority.
Surcharge for Farne Island Cruise £9pp TBC. YES _____ NO _____ Please tick. (Payable with deposit.)

PAYMENT METHODS

CARD NUMBER

No charges apply (AMEX not accepted)

VISA/MASTERCARD CREDIT/DEBIT EXPIRY DATE _____

Cheques need to be made payable to:
SIMPLY GROUPS CLIENT ACCOUNT
 For card payments SIMPLY GROUPS
 will contact you for your **3 DIGIT SECURITY NUMBER**
 For BACS Payments: Sort Code **20-11-88**
 Account Number: **43747417**
(please quote your Surname and GO11169A as reference)

PLEASE COMPLETE THIS SECTION INCLUDING THE NAMES OF ALL PASSENGERS

Title	First Name	Surname	Room type	ARTS Soc. Member	NT Member	SG Insurance	Total Enclosed
PASSENGER 1 Mr_ Mrs_ Miss_ Ms_							
PASSENGER 2 Mr_ Mrs_ Miss_ Ms_							

SPECIAL REQUESTS, DIETARY MOBILITY & ADDITIONAL INFORMATION

IT IS IMPORTANT TO TICK BELOW IF YOU HAVE ANY SPECIFIC DIETARY REQUIREMENTS AND ALSO PROVIDE ANY ADDITIONAL INFORMATION I.E MOBILITY

NO FISH _____ NO MEAT _____ VEGAN _____ COELIAC / GLUTEN FREE _____ DIABETIC _____ NO SHELLFISH _____
 DAIRY FREE _____ GROUND FLOOR PREFERRED _____ RESTRICTED MOBILITY _____ WHEELCHAIR/WALKING AIDS _____

ANY OTHER MOBILITY/DIETARY REQUIREMENTS OR OTHER REQUESTS _____

Failure to complete this section might result in the meals being served that are not to your dietary requirements.

Walking aids/wheelchairs must be declared prior to departure and are subject to weight and space availability

If there is more than one name on this booking form you must **indicate to whom your special requests refer.**

Signed on behalf of all above named passengers _____ Date _____

This signed booking form is a contract between the above passengers and Simply Groups. All deposit & Insurance premium payments are non-refundable and non-transferable. Booking Conditions apply for all other cancellation charges. Terms and conditions can be accessed via our web site, or a copy can be sent directly to you on request.

Please complete this booking form and return with your non-refundable deposit, Insurance premium + excursion if required
 to: **Simply Groups, Dalton House, 1 Hawksworth Street, Ilkley, West Yorkshire, LS29 9DU**
 TEL 01943 605999 info@simplygroups.co.uk www.simplygroups.co.uk

Any queries contact **Simply Groups** as above or **Gwen Wright** at: outings@theartsocietycranleigh.org

****IMPORTANT INFORMATION OVERLEAF PLEASE READ & SIGN****

IMPORTANT INSURANCE INFORMATION

Simply Groups Ltd is an appointed representative of ITC Compliance Ltd who is authorised and regulated by the Financial Conduct Authority (their registration number is 313486) and which is permitted to advise on and arrange general insurance contracts.

Insurance if required is available as detailed overleaf and includes Insurance Premium Tax. This cover is arranged through **Wrightsure Services Limited**.

The '**Status Disclosure Document**' and the **policy terms and conditions** are shown on the **Simply Groups Website**, or please phone the Simply Groups office to request a copy. These show full details of the Terms and Conditions of the policy.

A copy of the Status Disclosure Document and the Travel Insurance Policy document will be sent to those requesting this Insurance upon receipt of payment

For passengers travelling within the UK : There are health conditions which the group organiser and group members should be aware of. Please read the Insurance policy, as any person who is unable to satisfy these conditions, may not be covered.

It is a condition that at the time of taking out this Policy and between that time and your departure you must comply with each of the following:

1. You are not aware of any reason why the trip should be cancelled or cut short.
2. You are not travelling:-
 - (a) against the advice of a medical practitioner
 - (b) for the purpose of obtaining medical treatment,
 - (c) If you have been given a terminal prognosis.
3. You are not receiving or awaiting treatment for any illness or injury as a hospital day case or in-patient, as any claim arising from the illness or injury will not be covered.
4. If you are on medication at the time of travel your medical condition must be stable/well controlled.

Please sign below to confirm your acknowledgment of the above information.

SIGNED.....

DATE.....