

# 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 25<sup>th</sup> 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  
 Price **from £699pp** Twin / Double share  
 Single supplement **£74pp (5 nights)** – limited availability  
 Optional Travel Insurance **£45pp** *No upper age limit. Conditions apply. Includes Covid cancellation + Insurance Premium Tax (IPT) @ 20%.*  
 Payment in full at time of booking

**Surcharge for Farne Island Cruise £10pp YES \_\_\_\_\_ NO \_\_\_\_\_ Please tick. (Payable with balance)**

*Simply Groups Ltd is an Appointed Representative of ITC Compliance Ltd who is Authorised and Regulated by the Financial Conduct Authority*

## PAYMENT METHODS

- Cheques** need to be made payable to: **SIMPLY GROUPS CLIENT ACCOUNT**
- BACS** : Barclays Sort Code **20-11-88** - Account No. **43747417** Simply Groups Ltd. (quote **GO11169A** as reference)
- Card payments** - Call Simply Groups on 01943 605999

## **PLEASE COMPLETE THIS SECTION INCLUDING THE NAMES OF ALL PASSENGERS**

Title	First Name	Surname	Room type	ARTS Soc. 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. Deposit amount of £100pp & Insurance premium payments are non-refundable and non-transferable. Booking Conditions apply for all other cancellation charges. A copy of which will be sent with your confirmation

Please complete this booking form and return with full payment Insurance premium + excursion if required to:

**Simply Groups, Dalton House, 1 Hawkworth 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](mailto: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**.....