

Please complete this form and send to **Osprey Holidays Limited, 5 Thistle Street, Edinburgh EH2 1DF.**

We want to ensure you have the best City Break possible, so if you have any special requirements - access or dietary needs, in-flight meals, private taxi transfers, adjoining rooms, special occasions - just fill in the Special Requests box under Travel and Accommodation and we'll endeavour to meet your needs. (Not all requests can be guaranteed)

Passenger details

Lead Passenger Details

Complete your details below **AND** include your name in the list of all passengers alongside.

NAME
ADDRESS
POSTCODE
TELEPHONE
FAX
EMAIL

All Passenger Names (as they appear on the passenger's passport)

If you do not require Osprey Holidays insurance, tick Box N
 If you require Osprey Holidays insurance, please tick Box Y
 If the passenger is under 18 or over 65, please show age here

TITLE	FORENAMES	LAST NAME	AGE	Y	N
MR	JOHN DAVID	SMITH	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

If you have declined our insurance, please provide the name of your insurer:

Travel & Accommodation

DEPARTURE DATE
NUMBER OF NIGHTS
DEPARTURE AIRPORT
DESTINATION
HOTEL

ROOM TYPES (Please put number required in appropriate box)

TWIN DOUBLE SINGLE TRIPLE

EXCURSIONS/OTHER ITEMS	DATE	TIME

SPECIAL REQUESTS

Payment details

In certain instances we may have to ask for a larger deposit if we have to pre-purchase tickets for you, which would not be refunded if cancelled. If this is the case we will advise you at the time of booking.

DEPOSITS @ £100 PER PERSON (Flight Inclusive Package)	€
DEPOSITS @ £75 PER PERSON (Hotel Booking Only)	€
INDIVIDUAL INSURANCE PREMIUMS	€
FAMILY INSURANCE PREMIUM	€
TOTAL ENCLOSED	€
I ENCLOSE A CHEQUE FOR THE SUM OF (Make payable to Osprey Holidays Limited)	€
OR	
PLEASE CHARGE MY CREDIT CARD*/DEBIT CARD TO THE VALUE OF	€

CARD NUMBER

START DATE EXPIRY DATE SECURITY NUMBER ISSUE NUMBER (Debit cards only)

*There is a 1.5% charge for all credit card transactions, but no extra charge for debit card transactions.

I agree on behalf of the above mentioned to accept the Booking Conditions as detailed and enclose the appropriate deposit (as stated), plus insurance premium (if applicable). If within 10 weeks of the date of travel, I enclose the full balance.

SIGNATURE

PRINT NAME

DATE

AGENT'S ADDRESS/STAMP (If Applicable)