

Sunshine World LTD- Booking Form

Head Office & Administration, Sunshine World LTD, 8 Brompton Place,
Knightsbridge, London, SW3 1QE

Reservations and Enquiries – **020 7581 4736 / 07726 140 599** 24 hour fax - **01932 243 596**

E-mail: info@sunshineworld.co.uk Web: www.holidaynewzealand.co.uk

Please complete all sections of the booking form in block capitals and send to our Administration address with deposits.

Name all party members including yourself (please indicate partners/ sharers)

Insurance Declaration: I agree that it is my responsibility to organize my own travel insurance.

The Policy has cover for **cancellation, curtailment** and **winter/ extreme sports** including **mountain rescue** and **repatriation**. The policy is current and does not expire until after the date of my return to the UK. (Please sign and date in space provided including Insurance company name and policy numbers)

Party Leader Full Name	Address, Home Phone and Email	Insurance Declaration	Disclaimer: I have read the booking conditions and agree to their terms. Please book Sunshine World Ltd Holidays as indicated for myself and all other members of my group. Sign and date:
Party Member 1 Name			
Party Member 2 Name			
Party Member 3 Name			
Party Member 4 Name			

Sunshine World LTD

(Company Registration Number: 5554417)

Registered Office situated at Ashby House, 64 high street, Walton on Thames, Surrey, KT12 1BW

Sunshine World is licensed by the UK Civil Aviation Authority ATOL no.9004

Party Member 5 Name			
Party Member 6 Name			
Party Member 7 Name			
Party Member 8 Name			
Party Member 9 Name			
Party Member 10 Name			

If there are more than 11 members in your party please print another booking form for their details.

Outbound Flight Details (If booked independently)			
Flight Number	Departure Airport	Departure Time	Number of Passengers
Airline	Arrival Airport	Arrival Time	Date of travel
Return Flight Details (If booked independently)			
Flight Number	Departure Airport	Departure Time	Number of Passengers
Airline	Arrival Airport	Arrival Time	Return date
Staying at (Hotel Name)		Desired rooms* (no. of singles, doubles, twins, triples etc)	
Package description code		No of adults	
Special Dietary Requirements and guests names		No of children skiers/ boarders (5-12 years)	

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Any other Requirements/ desires	No of children non-skiers/boarders (0- 5years)

*Please note that while every effort will be made to provide your rooms as requested we cannot guarantee that your rooms will be exactly as stated on this booking form.

Deposits/ Full payment

Deposit of 50% of holiday price-£..... x no. of persons = £.....

Full Payment (if within 8 weeks of departure) = £.....

Method of Payment (please circle)

Cheque Credit Card Debit Card Other

(Please make cheques payable to Sunshine World LTD)

Card number Name and initials on card

.....
Billing Address:

.....
Valid From..... Expiry date..... Issue no. (Switch only).....

Security code.....

Please charge to the card detailed above £.....

I authorise the balance due to be debited from my account 8 weeks prior to departure

(DELETE IF NOT APPLICABLE)

Please book Sunshine World holidays as Indicated for myself and all other members of the group named. I have read the booking conditions and agree their terms on behalf of myself and all other members of my group.

I accept full responsibility for any personal injury during my holiday with Sunshine World.

Signature

Date

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