

GEMMAWAY DAY TOURS BOOKING FORM

TOUR NAME: _____

TOUR DATE: _____

NUMBER OF PEOPLE BOOKING: _____

FULL NAMES OF PERSONS BOOKING & DAYTIME PHONE NUMBER:

NAME	AGE (if under 16)
1: _____	_____
2: _____	_____
3: _____	_____
4: _____	_____
5: _____	_____
6: _____	_____

HOW DID YOU FIND OUT ABOUT GEMMAWAY? _____

PLEASE CHECK INDIVIDUAL TOUR INFORMATION TO SEE WHERE YOUR TOUR DEPARTS FROM.

ALL TOURS DEPART FROM FINCHLEY ROAD, BAKER STREET OR RICKMANSWORTH (CAR PARKING IS AVAILABLE IN RICKMANSWORTH IF REQUIRED). SOME TOURS OFFER ADDITIONAL DEPARTURE POINTS.

PLEASE WRITE CLEARLY WHERE YOU WILL MEET THE COACH AND THE APPROPRIATE MAP WILL BE SENT.

I WILL MEET THE COACH AT _____

I accept on behalf of myself and all members of my party the terms and conditions of booking with Gemmaway

Full details of terms and conditions can be found on our web site
www.gemmaway.com

I include full payment for the day tour and understand once booked no monies will be refunded if I cancel the tour or miss the departure.

However, a full refund will be given if Gemmaway should be obliged to cancel the tour due to insufficient numbers or other operational reasons.

I ENCLOSE A CHEQUE FOR FULL PAYMENT PER PERSON

£ _____

DATE ___/___/20___

SIGNED (BY PERSON MAKING BOOKING): _____

FULL NAME AND ADDRESS :

EMAIL _____

(daytime phone) _____

(evening phone) _____

(mobile phone) _____

MAKE CHEQUE PAYABLE TO:
GEMMAWAY LTD.

POST TO: GEMMAWAY LIMITED
P.O. BOX 391
RICKMANSWORTH
WD3 5ZD

TELEPHONE (01923) 286150 FAX (01923) 286168

E-MAIL: GEMMAWAY@AOL.COM

WEBSITE: WWW.GEMMAWAY.COM