

Booking Form

The Arts Society Blackwater presents

The Historic Houses & Heritage of North Yorkshire

Departs 18th June 2026

tailored travel
Inspiring Group Tours

PLEASE PRINT IN BLOCK CAPITALS THROUGHOUT THE BOOKING FORM

Title	First Name	Surname	Date of Birth	Twin/Double/ Single Room	I Wish to Share	Require Insurance?	Are you a National Trust member?
			DD/MM/YY		YES/NO	YES/NO	YES/NO
			DD/MM/YY		YES/NO	YES/NO	YES/NO
			DD/MM/YY		YES/NO	YES/NO	YES/NO

Address of First Named Passenger Above

Address	Postcode
Mobile Telephone	
Telephone	
Email	

Special Requests & Dietary Requirements

Next of Kin Details

Name
Relationship (eg son or daughter)
Telephone Number

Alternative Insurance Details

Insurance Company
Policy Number
Telephone Number



FINANCIAL SECURITY

All flight holidays are protected under ATOL 5605 issued by the Civil Aviation Authority. Come what may your holiday and your money are perfectly safe when you book with Tailored Travel

Payment Details

I enclose	Non Refundable Deposit @ £100.00 per person =	£
(Payable immediately)		
I enclose	Full amount @ £889.00 per person =	£
(payable by 23rd April 2026)		
I enclose	Single room supplement @ £129.00 per person =	£
(payable by 23rd April 2026)		
I enclose	Insurance (including 20% Insurance Premium Tax) @ £38.00 per person =	£
(Payable immediately)		
I enclose	All deposit cheques to be made payable to Tailored Travel & returned with completed booking form to Sheila Tames, 25 Wisdoms Green, Coggeshall, Colchester CO6 1SG	

Client Declaration

I warrant that I am authorised to make this booking and that I have read, understand and accept for myself and all others named above, the Booking Conditions, and other information set out in any brochure/leaflet relevant to my holiday. I am 18 years old or over (if under 18 years of age, this Booking Form may be signed by your Parent/Guardian)

Signed:..... Date:...../...../.....

For Credit or Debit Card Payments

Credit cards or Debit cards can be used for the deposit but only debit cards can be used for the final balance payment

I wish to pay my deposit by (Please Tick)



Credit Card ☐ Debit Card ☐

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Expiry Date

Security No

Last 3 digits on Back Strip

Name of Card Holder

I authorise you to deduct the deposit for this holiday now and any outstanding balance eight weeks before departure

Signature of Card Holder

Tailored Travel Ltd

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