**

 **BOOKING FORM**

 01663 746578 ATOL No: 12063

**Title of holiday** \_Wagner’s Ring in Milan\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Start date** 9th March 2026 **End date** 16th March 2026

**Price per person** (based on 2 people sharing a room) £5395 Deposit **(**per person) £1200

Supplements *if applicable*: Single in single-bed room £ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Single in a double-bed room £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your name(s)** *as you prefer to be known* (please tick room type preferred)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title** | **Surname** | **First name** *(as you prefer to be known)* | **D.O.B** | **Room**  |
|  |  |  |  | [ ] Double [ ] Twin [ ] Single[ ] Single in double  |
|  |  |  |  | [ ] Double [ ] Twin [ ] Single[ ] Single in double  |

**Correspondence address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Home Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would prefer to receive all correspondence about this holiday by [ ] email [ ] post *(please tick appropriate box)*

How did you hear about this holiday? (*ie, Email, Brochure, Gramophone magazine*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Passport details** (not required for U.K. holidays) *Please give your name* ***as it appears on your passport.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Surname** | **First names** | **Nationality** | **Passport no.** | **Expiry date dd/mm/yy** |
|  |  |  |  |  |
|  |  |  |  |  |

**Travel insurance:** It is a condition of booking that you have comprehensive travel insurance for all non-UK holidays and is highly recommended for UK holidays to cover cancellation costs,

|  |  |  |
| --- | --- | --- |
| **Name of Insurance company**  | **Policy number** | **Telephone number** |
|  |  |  |
|  |  |  |

**Mobility and Dietary needs:** Please tell us here about any specific mobility issues or dietary requirements you may have; this will enable us to check that we can accommodate your needs.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Airport Assistance** | **Dietary requirements** | **Mobility issues** |
|  | Yes / No |  |  |
|  | Yes / No |  |  |

 **Emergency contact / Next of kin**

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship to you** | **Phone number** |
|  |  |  |
|  |  |  |

**Flight preferences** I/we would like to fly from …………………………………(Options: London, Manchester, or Edinburgh)

[ ] I/we will make own travel arrangements (*please ask us about a reduction in price for this*)

I would like to receive information about future holidays [ ] yes [ ] no *please tick appropriate box.*

**Payment Details**

To protect your card data, please note that we no longer ask for card details in writing on the booking form. Please tick one of the following options:

[ ] I would like to pay by **credit/debit card**

*If you tick this box, we will send you an email containing a link you will need to click on, taking you to a secure payment site online where you will need to enter your card details to make the payment. It is a one-off payment and card data will not be stored electronically. Please note that with regret, we cannot accept AMEX cards.*

[ ] I would like to pay by **bank transfer**

*If you tick this box, we will send you an email with bank details and the* ***unique reference*** *you will need to quote on the transfer*

[ ] I would like to pay by **cheque** (enclosed / to follow *– delete as applicable*)

*Please make cheques payable to* **Trustees of PTS Air Travel Trust**

The balance will be due 8 weeks prior to departure, and a reminder will be sent before that. Please indicate below how you would like to pay the final balance.

I will pay the final balance by **cheque / card / bank transfer** *(delete as applicable)*

Payment is required in £ sterling.

**Client authorisation**

[ ] I confirm that I am over 18 years of age and have read and understood the booking conditions and general information and accept them on behalf of myself and the members of my party.

Signed: …………………………………………….….. Today’s Date: ………………

Print Name: ……………………………………………………………….

Please return this form to:

**John Whibley *“Holidays with Music”,* ‘Ash Lea’, Longlands Road, New Mills, Derbyshire SK22 3BY**

**01663 746578**

**john@whibley.co.uk**

**www.whibley.co.uk**

**For office use only:**

Balance of £...................... per person for ............ person(s) £ ....................................

Single room supplement of £............. per person for ........ person(s) £ ....................................

Extra nights........................................................................................ £ ....................................

Independent travel deduction ............................................................ £ ....................................

Total balance due on .................................................................... is: £ ....................................

Flight from ...........................................................................................................................................

Airport Assistance.................................................................................................................................

Holiday Reference Number....................................................................................................................