SONAS CHRISTIAN HOLIDAYS

**HOLIDAY BOOKING FORM**

|  |
| --- |
| DESTINATION OF HOLIDAY |
| DATES OF HOLIDAY |
| TOTAL COST | DEPOSIT |

|  |  |
| --- | --- |
| Name |  |
| Address |  |
|  | Post Code |  |
| Telephone |  | Mobile |  |
| Email |  |
| Special dietary requirements |  |
| Emergency contact | NAME | Phone |
| Room Type | Single | Twin |
| Please tick if willing to share |  |

**Please read the following and tick each box:**

**I confirm that I wish to book this holiday and will send in the deposit online within seven days**

**I confirm that I am able to look after myself and manage my own luggage**

**I confirm that I have my own travel insurance**

**I have read SCH Terms and Conditions of bookings**

|  |  |  |
| --- | --- | --- |
| **Signed** |  | **Date** |