



SONAS
CHRISTIAN
HOLIDAYS

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Holiday Booking Form

HOLIDAY DETAILS	
Destination of holiday	
Dates of Holiday	
Total Cost	£
Deposit	£
PERSONAL DETAILS	
Title	If 'Other', please specify:
Name	
Address	
Postcode	
Telephone No	
Mobile No	
Email address	
EMERGENCY CONTACT DETAILS	
Name	
Telephone No	
Relationship	
SPECIAL REQUIREMENTS (please explain any special requirements)	
Dietary	
Mobility	
ACCOMMODATION	
Room type	Single Twin
Name of person with whom you intend to share a room	
If travelling on your own, are you willing to share a twin room with another person?	Yes No

PASSPORT DETAILS (for foreign travel only)	
Name on passport	
Date of expiry:	

Please read the following and tick each box:

- I am already a member of SCH
- I am not a member – if not, please complete a membership application form
- I confirm that I wish to book this holiday and will pay the deposit online within 7 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 understand and agree, by typing my name below, to the terms and conditions of SCH:

SIGNED:

DATE:

SCH BANK DETAILS	
Bank	Virgin Money
Sort code:	82-12-08
Account no:	40042367
Account name:	Sonas Christian Holidays

Return form to: booking@sonaschristianholidays.com