



# Booking Form

**Ski Abroad**  
 The Lodge, Bardwell Road  
 Oxford, OX2 6SS  
 United Kingdom  
 T: +44 (0) 1865 318 116  
 sales@skiabroad.co.uk  
 www.skiabroad.co.uk

## Lead passenger's contact details

<b>Name and Postal address</b>	<b>Tel (day)</b>	
	<b>Tel (evening)</b>	
	<b>Mobile</b>	
	<b>E-mail</b>	

## Passenger details (as per passport)

Title	Surname	First Name	Date of birth	Passport Number	Issue date	Expiry date	Country of Issue	Nationality

## Flight details

Flight Number	From	To	Date	Times	Airline

## Accommodation details

Type of accommodation	Double/Twin, Single, Triple, Other	Number of rooms	Check in date	Check out dates	Board basis

## Special requirements

Dietary requests	Medical information

**Transport to Resort**

<b>Resort transfers</b>	<b>YES/NO</b>
<b>Ski Abroad transfers</b>	
<b>Own transfers</b>	

**Insurance** Insurance is required for all trips and is not included in the package price. If you have your own insurance please fill in the details below. If you wish to purchase an insurance through Ski Abroad please call us on 01865 318 116

<b>Insurance company name</b>	
<b>Policy number</b>	
<b>Insurance company's emergency tel. no.</b>	

**Deposit payment**

<b>Deposit payment of 40% is required</b>	<b>Number of persons</b>		<b>Total enclosed</b>	<b>£</b>
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<b>I wish to pay by VISA / MASTERCARD / MAESTRO / AMERICAN EXPRESS</b> (please circle)																
<b>Name on card</b>																
<b>The amount of</b>																
<b>Card number</b>															<b>Expiry date</b>	<b>SEC Code</b>
<b>Cardholder's address</b>																
												<b>Postcode</b>				
<b>Cardholder's signature</b>												<b>Date</b>				

**If paying by cheque, please make cheques payable to SKI ABROAD**

**Declaration**

- (1) I am over the age of 18.
- (2) I have read the trip itinerary and the Terms and Conditions and have brought these to the attention of each member of the Party (or his/her parent or guardian in the case of members under the age of 18).
- (3) I confirm that I and each member of the Party accept the provisions contained in the trip itinerary and the Terms and Conditions and that I have the consent and authority from each member of the Party (or his/her parent or guardian in the case of members under the age of 18) to book the trip and sign this booking form on behalf of each member of the Party.
- (4) I am enclosing a parental and medical consent form duly completed and signed in respect of each member of the Party who is under the age of 18 and who will not be accompanied by his/her parent or guardian on the trip.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Ski Abroad is a trading name of Smaug Abroad Ltd, Registered Office, 147 Kingston Road, Oxford, OX2 6RP, Registered Company Number 4061885

**Your Financial Protection:** The air holiday packages and flights in this letter are ATOL protected by the Civil Aviation Authority. Our ATOL number is ATOL 5642. Please see our terms & conditions for more information.

