

BOOKING FORM 2025 (PLEASE PRINT CLEARLY)

Tour Name:					
Tour Departure Date:		No. of Da	ays:		
Seat Numbers:					
Name:					
Address:					
	Postcode:				
Telephone:	Mobile Tel:				
Email:					
Type of room required (tick as appropriate): Double Twin Single Disabled					
Price per person: £	Single room supplement: £				
Special Requirements: (Please read Special Assistance leaflet attached)					
Do you have Insurance: (tick as appropriate) YES 🗌 NO 🗌					
Total Amount: £	Deposit (Non Refundable): £				
Balance Due: £					
Signed:			Date:		
Please confirm your consent for us to keep your details YES NO					
CHEQUES OR CASH ONLY PLEASE made payable to Chauffeurhire Holidays Ltd					

Special Assistance

How we can help make your journey easier?

If you have any disability, medical need or if you have difficulty moving around, please read the below information.

We recommend that you always contact us before making a booking to allow us to confirm that all the required arrangements can be made for your selected holiday. If you are unsure as to what may be classed as requiring special assistance, we recommend you complete the checklist below. This will help us to best advise you on the assistance available for your holiday booking.

GENERAL INFORMATION ABOUT YOU

1. How would vou describe your disability? If you feel it may be helpful, please give us a name or, if relevant, the medical term for your disability. Please give details

2.	re you travelling with a companion who will provide all the assistance you need in getting around, in and					
	out of buildings, coaches etc?		Yes No			
3.	. Can you walk or travel on vour own in an unfamiliar place without assistance?					
4.	Can you walk up and down steps without assistance?					
5.	Can you board and leave a standard coach with					
	from any companion you may be travelling with	Yes No				
6.	6. Are you taking any medical or other equipment to assist you?					
7.	7. Can you walk up and down stairs unaided?					
8.	. How many steps can you cope with unaided?					
9.	Would you prefer a room on a particular floor or	Yes No				
	(For example, some properties or ships may have no lifts or only have lifts serving particular levels.)					
10	Would you prefer a room near the lift?		Yes No			
11. What special facilities do you require in your room?						
		Grab rails	Yes No			
		Accessible telephone	Yes No			
		Vibrating pads for alarm/alarm clock	Yes No			
		Fridge for medication	Yes No			
		TV with Teletext	Yes No			
		Level entry shower	Yes No			
		Adjustable bed height	Yes No			
		Washbasin with lever taps	Yes No			
		Other (please specify)				
12. Do you have a special dietary requirement for medical reasons?			Yes No			
	If Yes, please give details					
13	Do you have any allergies		Yes No			
	If Yes, please give details					

This information will be passed on to our travel suppliers, who will do their best to meet your needs.

HOWEVER PLEASE REMEMBER:

Meeting your needs can't always be guaranteed. For example, planes, ships, coaches and other travel arrangements may need to be changed without prior notification due to unforeseen circumstances (eg breakdown, cancellation or non-availability of accommodation).