

# Line Travel

For bookings call:  
**01772 494841**

## Costa del Sol Booking Form

Booking Ref

### 1. CONTACT NAME, ADDRESS & TELEPHONE NUMBERS

Name \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
Home Tel \_\_\_\_\_ Work Tel \_\_\_\_\_ Mobile \_\_\_\_\_ E Mail \_\_\_\_\_

### 2. TITLE, FIRST NAME & SURNAME OF GUESTS (AS ON PASSPORT)

1. \_\_\_\_\_ ( ) 4. \_\_\_\_\_ ( )  
2. \_\_\_\_\_ ( ) 5. \_\_\_\_\_ ( )  
3. \_\_\_\_\_ ( ) 6. \_\_\_\_\_ ( )

Please indicate age in brackets if under 13 or over 64.

### 3. ROOM REQUIREMENTS & LENGTH OF STAY

Please indicate number of rooms, half-board or all-inclusive and number of nights required

Single \_\_\_\_\_ Twin \_\_\_\_\_ Triple \_\_\_\_\_ Quad \_\_\_\_\_ No of Nights \_\_\_\_\_ Board: Half-Board  
Please note any special room requests below (we will endeavour to arrange but cannot guarantee)

### 4. TRAVEL INSURANCE

Travel Insurance is essential. Please write below the names and **DATE OF BIRTH** of members of your party who wish to purchase travel insurance from Line Travel. Payment is required at time of booking.

### 5. FLIGHT REQUIREMENTS

Outbound Date _____	Inbound Date _____
UK Airport _____ Flight No. _____	UK Airport _____ Flight No. _____
UK Dep _____ Malaga Arr _____	Malaga Dep _____ UK Arr _____

### 6. HOW DID YOU FIND OUT ABOUT THIS HOLIDAY?

### 7. PAYMENT

Please make cheques payable to 'LINE TRAVEL'.  
I enclose \*deposit/full balance/plus insurance to the value of £ \_\_\_\_\_ Signed \_\_\_\_\_  
I agree to booking conditions of Line Travel.  
Final balance is payable 2 months prior to departure. \_\_\_\_\_ Date \_\_\_\_\_

\*deposit required is £150 per person

**Line Travel, PO Box 220, Leyland, Lancs, PR25 5WB**