# **Flanders & Ghent Booking Form**

#### **PASSENGER NAME & DETAILS**

Name	Group Name Epsom + Ewell U3A
Address	
Email	Postcode
Daytime Contact Number	Mobile No
Emergency Contact Name	Telephone

### **TOUR DETAILS**

5 days / 4 nights' – Departing Tuesday 29<sup>th</sup> April 2025

Return Executive Coach Travel departing from **Cheam, Ewell, Epsom & Tattenham Corner \*complete overleaf**Return Eurotunnel crossings to Calais

4 nights B&B at the 3\* Novotel leper Centrum Flanders Fields – ensuite rooms

1 x group dinner at a restaurant in Ypres on Day 1

Price based on a minimum of **25+** passengers **£899pp** Twin / double share

Single supplement **£119pp** (Total for 4 nights) - Maximum 14 (twin / doubles single use)

Pre-bookable optional excursions: Ghent Boat Cruise + Ghent Altarpiece – prices tbc

Deposit £150pp (non-transferable + non-refundable) Balance due in full by the 08.03.25

Optional Travel Insurance £50pp - No upper age limit (conditions apply)

includes Insurance Premium Tax (IPT) @ 20%. Simply Groups Limited is an appointed representative of ITC Compliance Limited which is authorised and regulated by the Financial Conduct Authority (their registration number is 313486) and which is permitted to advise on and arrange general insurance products.

#### **PAYMENT METHODS**

- 1. Cheques need to be made payable to: Trustees of PTS Air Travel Trust
- 2. BACS: Payee -Trustees of PTS Air Travel Trust

HSBC: **Sort Code 40-40-14 Account Number: 83664597** (quote **SG/EEU3A** as reference)

3. Card Payments can be made by calling Simply Groups on 01943 605999

#### PLEASE COMPLETE BELOW THE NAMES OF ALL PASSENGERS ROOM SHARING

Title	First Name	Surname	Room Type	Ghent	Ghent	SG	Total
				Boat Cruise	Altarpiece	Insurance	Enclosed

	SPECIA	L REQUESTS, DIET	ARY, MOBILIT	Y & ADDITIO	NAL INFORM	NOITAN	
SPECIA	L DIETARY REQUIREM	ENTS AND ALLERGIES					
RESTF	RICTED MOBILITY (spec	ify)		WHEE	LCHAIR/WALKII	NG AIDS	
ANY	OTHER REQUIREMEN	TS (Preferences and reques	sts are not guaranteed	)			
	*Walking aids/what there is more	neelchairs <u>must be</u> decla than one name on this l	red prior to departu booking form you n	are and are subje nust <b>indicate to</b> v	ct to weight and whom your speci	space availabilit al requests refe	y* r.
Signed	on behalf of all ab	ove named passeng	gers			_Date	
payme	nts are non-refundabl	a contract between all le and non-transferabl and conditions can be	le under any circu	mstances. Bool	king Conditions	apply for all ot	:her

Please complete this booking form and return with your non-refundable deposit & Insurance premium if required to: Simply Groups Ltd, Dalton House, 1 Hawksworth Street, Ilkley, LS29 9DU

TEL 01943 605999 info@simplygroups.co.uk www.simplygroups.co.uk

Any queries contact Jenny Baldrey - jennybaldrey@btinternet.com

IMPORTANT
INFORMATION
OVERLEAF
PLEASE READ &
COMPLETE

## \*Pick-up point\* - please indicate your choice below

1. 2. 3. 4.	Cheam Ewell Epsom Tattenham Corner
	ADVANCED PASSENGER INFORMATION
	The following information is required for all non UK holidays. Names must be written as on passport
	Please make sure that you complete all sections for each passenger both overleaf and below.
Name	e as on Passport: Name as on Passport:
Issue Expire Natio	rort Number:  From: (full date)  y date: (full date)  nality:  of Birth:  Passport Number:  Issue From: (full date)  Expiry date: (full date)  Nationality:  Date of Birth:
Condu	To enter the EU your passport must be no more than 10 years old from the issue from date.  Passports must have a validity of 3 months from the day after your return.  IMPORTANT INSURANCE INFORMATION  Groups Ltd is an appointed representative of ITC Compliance Ltd who is authorised and regulated by the Financial act Authority (their registration number is 313486) and which is permitted to advise on and arrange general insurance acts. Insurance if required is available as detailed overleaf and includes Insurance Premium Tax. This cover is arranged
through The 'S phone A cop Insura In par Please It is a	the Simply Groups office to request a copy. These show full details of terms and conditions of the policy. Ye the Status Disclosure Document and the policy terms and conditions are shown on the Simply Groups Website, or please the Simply Groups office to request a copy. These show full details of terms and conditions of the policy. Ye of the Status Disclosure Document and the Travel Insurance Policy document will be sent to those requesting this nice upon receipt of payment.  **Ticular please note*: There are health conditions which the group organiser and group members should be aware of the Insurance policy, as any person who is unable to satisfy these conditions, may not be covered. Condition that at the time of taking out this Policy and between that time and your departure you must comply with of the following:
1. You 2. You (a) aga (b) for (c) If you ing from	are not aware of any reason why the trip should be cancelled or cut short.  are not travelling:-  ainst the advice of a medical practitioner  the purpose of obtaining medical treatment  you have been given a terminal prognosis.  are not receiving or awaiting treatment for any illness or injury as a hospital day case or in-patient as any claim arisom the illness or injury will not be covered.  but are on medication at the time of travel your medical condition must be stable/well controlled.
listed must	<b>travelling outside of the UK</b> : You must notify the Helpline immediately of any changes in Health of the conditions below arising between the date the Policy is issued and the time of departure for the trip. The insurance company be informed of any fact which is likely to influence them in the acceptance, assessment or continuance of this nce. Failure to do so may invalidate this insurance, leaving you with no right to make a claim.
<b>1.</b> If y	ou have received medical treatment as a hospital day case, inpatient or out-patient, during the six months prior to the

- 1. If you have received medical treatment as a hospital day case, inpatient or out-patient, during the six months prior to the booking of the trip, you must obtain medical advice from a medical practitioner at your cost confirming that you will be fit enough to take the trip.
- **2.** If you are undergoing medical treatment as a hospital out- patient at the date the final balance of the trip is due to be paid, a certificate of fitness confirming your ability to travel must be obtained by you at your cost.

Should you have any queries regarding the suitability of the policy for your purposes please contact **Wrightsure Insurance** on <u>01329 828228</u>

Please sign below to confirm your acknowledgment of the above information.