

# BOOKING FORM

**Burton on Trent u3a: Holiday to**.....

**Name(s)**.....

**u3a Membership No(s)**.....

**Address**.....

.....

**Phone Nos:** *Landline*.....*Mobile*.....

**Room Type preferred:** *Please tick*      **Single**     **Double**     **Twin**

**Single Travellers:** *Are you prepared to share with another traveller if your room preference is not available? Yes / No*

*Are you prepared to pay £            supplement? Yes / No*

**TOTAL COST: £**                    (+ £            *Single Supplement*)

**DEPOSIT: £**

***Any Special Dietary Requirements?***.....

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***Any other special requirements? Please tick***

Walk-in Shower.....

Lower/ground floor.....

Walking aids.....

**Deposit paid**.....

**Received by**.....

**Date**.....