





## **Booking Form**

2by2 Holidays Ltd.
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bookings@2by2holidays.co.uk
www.2by2holidays.co.uk

Your Name:								Quote Ref:		
Holiday Description:								Date of departure:		
ddress:	·									
Mobile when travelling: (enter an								ave no mobile	e 'phone)	
booking	that each perso	on in your par	rty is covered	VELLING – Pas by comprehensi on light aircraft f	ve holiday ins	surance, inc	luding medical	cover; there		
Title	First Name	Surname	D.O.B	Nationality	Passport No.	Issue Date	Place of Issue	Expiry Date	Bodyw ight (KG)*	
Insurance Company:			Policy No:	Emerge Assista		ncy ace Telephone				
PECIAL				us any other info				our holiday.	This may	
clude die	ottary restrictions						-			
clude die	<u> </u>									
		se only comp	lete this section	on if you are arra	nging your ov	vn flights.				
LIGHT I	DETAILS: Plea			on if you are arra			Arrival Airpor	t Aı	rival Time	
LIGHT I	DETAILS: Plea						Arrival Airpor	t Aı	rival Time	
LIGHT I	DETAILS: Plea						Arrival Airpor	rt Aı	rival Time	
LIGHT I	DETAILS: Plea						Arrival Airpor	rt Ai	rival Time	
LIGHT I Date	DETAILS: Plea Flig	ght No. I	Departure Airp		parture Time			rt Aı		

DECLARATION: I have read and agree on behalf of all persons on this booking form, to accept the Booking Conditions. I also accept the Insurance Conditions and warrant that I have the authority of all persons named on the Booking Form to make the booking

Date

subject to these conditions. I am over 18 years of age.

Signed: