



**NAME & ADDRESS:** *for correspondence*

NAME:	
ADDRESS:	
EMAIL:	

TEL:	
FAX:	

**PASSENGER DETAILS:** *first name must be signatory*

TITLE:	INITIALS:	SURNAME:	AGE IF UNDER 18

**DATES:**

FROM:	
TO:	
WEEKS:	

**FLIGHT DETAILS:** *if known, or please confirm later*

DEPARTURE AIRPORT:		
FLIGHT ARRIVAL IN TENERIFE:	DATE:	TIME:
FLIGHT DEPARTURE FROM TENERIFE:	DATE:	TIME:

**ACCOMMODATION COST/DEPOSIT:**

APARTMENT RENTAL COST:	£
DEPOSIT ENCLOSED:	£

**£75 PER WEEK DEPOSIT.**  
Payment in full required, if less than eight weeks before departure.

*I certify on behalf of the person(s) named on this booking form, that I am authorised to make this booking and that I/we have read the booking conditions and agree to abide by them. I am over over 18 years of age. I also agree to pay the balance not later than eight weeks before the commencement of the holiday.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Payment can be made by bank transfer (which we prefer), details as follows:**

Bank: HSBC Account Name: A. M. Daly & D. G. Daly  
Sort Code: 40 45 06 Account Number: 71332244

**or make cheques payable to A. Daly**

GP Tenerife, 12 Village Court, Carrington Road, Urmston, Manchester, M41 6HT United Kingdom  
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