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| **PARTY LEADER'S FAMILY TRAVELLING CONCESSIONARY RATES** –  Please indicate below the names of the members of your family who will be travelling at the concessionary rates   |  |  |  |  | | --- | --- | --- | --- | | NAME | AGE | SHARING WITH: | REDUCTION CLAIMED  (On basic tour cost only) | |  |  |  |  | |  |  |  |  |   \*Please refer to brochure for conditions of eligibility.  Persons travelling at these concessionary rates do not count towards calculations of free places or minimum numbers required for the tour. All supplements are charged in full.  SPECIAL DISCOUNTS - Does your group qualify for any other special discounts? If yes, please give details:  **ITINERARY DETAILS**  We require full details of your day to day itinerary in order to submit the necessary details to our coach suppliers. **PLEASE DETAIL ANY VISITS YOU WISH TO PRE-BOOK WITH \*\***   |  |  |  |  | | --- | --- | --- | --- | | **DATE** | **NUMBER OF PARTICIPANTS** | **MUSEUM / PLACE OF INTEREST** | **PREFERRED TIME OF VISIT** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   Please advise if you have booked any excursions or places of interest yourself directly with the supplier.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **AIR TOURS**  If you have booked your own transfer coach, it is important that we have the name, address and telephone number of the coach company in case of an emergency.   |  |  | | --- | --- | | NAME: | ADDRESS: | |  |  | | TELEPHONE NO.: | POSTCODE: |   **MEDICAL / HEALTH PROBLEMS**  Pre-existing medical conditions may not be covered by the insurance unless special arrangements are made. Please telephone the Referral Helpline on **0845 1300 198**, quoting TRAVELBOUND with any declarations.  Children aged 18 years and under who suffer from asthma and/or migraine and/or allergies do not need to declare this to Medical Screening *unless* these conditions are linked to a more serious condition or symptom.  If a condition is declared and the requested additional premium is not paid, cover can still be provided for unrelated claims.  **COACH PICK-UP LOCATION MAP**  If we are handling your coach arrangements or airport transfer, please advise the address of the exact pick-up point and enclose a map  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Please use the space below to draw a small map to assist your coach driver or use a separate sheet.**  Please advise if you have booked any excursions or places of interest yourself directly with the supplier.  I understand that if I require Travelbound to book any of the above excursions or guides I will be invoiced accordingly if these are not included in the basic tour cost.  PARTY LEADER'S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |