



# LIMERICK TRAVEL LTD.

## BOOKING FORM

Bedford House, Bedford Row, Limerick, Ireland. • Tel: (061) 204444 Fax: (061) 204455  
 Email: sales@flyforgolf.com • www.flyforgolf.com

Mr./Mrs./Miss	Initial	Surname	Date of Birth	Address/Agent	Telephone No.

### Flight Details

From	Date	Dep. Time	<b>Insurance</b>  If you have not taken our insurance please complete the following: My/our insurers are:  24hr. emergency telephone: _____ with whom I have taken a policy giving comparable or greater cover than that offered in the brochure  Signed: _____
To	Date	Dep. Time	
To	Date	Dep. Time	
To	Date	Dep. Time	
To	Date	Dep. Time	
To	Date	Dep. Time	
To	Date	Dep. Time	
To	Date	Dep. Time	

### Accommodation

HTL/Apt./Villa	Arr. Date	Dep. Date	No. of Nights	Room Type	HTL/Apt./Villa	Arr. Date	Dep. Date	No. of Nights	Room Type

### Car Hire

Group	Collect from	Date	Time	Other Requirements
No. Days	Return to	Date	Time	

I wish to pay Deposit/Total holiday cost by Mastercard/Visa card.  
 Please charge the following amount to my Card Account

**Special Requests**  
 (Golf requirements etc.)  
 See Booking Conditions (3)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Credit Card Number

Signed \_\_\_\_\_ Expiry Date

Holders Address \_\_\_\_\_

\_\_\_\_\_

I agree that my signature on this booking Form constitutes my agreement and the agreement of the persons named on the Booking Form to be bound by the Terms and Conditions set down in this Booking Form and I hereby confirm that my attention has been drawn to the said Terms and Conditions herein contained and in particular I accept the limitations of liability of the organiser contained in Clause 6 of this booking form and the terms of the Organiser's Travel Insurance scheme (Where the same has been availed of by me)

I have read and understood the details provided in relation to the Arbitration Scheme, and agree that any dispute or difference of any kind which arises or occurs in relation to any thing or matter arising out of in connection with the contract as provide for in clause 8 of this Booking Form shall be referred to Arbitration Rules of the Chartered Institute of Arbitrators – Irish Branch.

I warrant and represent that all the information provided by me is true and accurate and that I have been authorised by all persons named on this Booking Form as Consumers to execute this agreement on their behalf and accordingly, I sign my name as their agent and on my own behalf. I understand that it is a condition of this booking that all persons named in this form are covered by holiday insurance of at least equivalent standard to that arranged by the Organiser. If I/we do not take the Organiser's insurance, I /we agree to indemnify the Organiser for any costs that arise which would otherwise have been met had the Organiser's insurance been taken.

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

### To be completed by the Retailer

I/We hereby certify that I/we have specifically brought the attention of the Consumer to the Terms and Conditions and in particular the limitations of liability of the Organiser contained in Clause 6 of this booking form together with the details of the Organiser's Travel Insurance Scheme and the Arbitration Scheme prior to the signing thereof by the Consumer and in the event of any dispute arising relating to the construction or performance of this agreement, I/we hereby agree to submit such dispute to Arbitration under the Arbitration Rules of the Chartered Institute of Arbitrators – Irish Branch in accordance with clause 8 of this Booking Form

Signature: \_\_\_\_\_

Date: \_\_\_\_\_