**PLEASE COMPLETE & RETURN TO : TRAILMASTERS INT. LTD., 35 SKIPWITH ROAD, ESCRICK, YORK, YO19 6JA**

**TEL : 01904 728461 FAX : 01904 728461 WWW.TRAILMASTERS.CO.UK**

DATE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NO. ADULTS : \_\_\_\_ NO.CHILDREN : \_\_\_\_

###### TOTAL COST : £ 160

#### WILD IN WALES BOOKING FORM

##### PLEASE WRITE CLEARLY IN CAPITALS



**I HAVE RECEIVED AND INFORMED ALL THE TRAVELLERS IN MY VEHICLE GROUP**

**OF THE BOOKING TERMS AND CONDITIONS AND AS THEIR ‘AGENT’ ACCEPT**

**THEM ON THEIR BEHALF. I ENCLOSE A CHEQUE FOR £160.**

**SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PRINT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RECEIPT & CONFIRMATION WILL BE FORWARDED TO YOURSELF.**

WHERE DID YOU FIRST HEAR OF TRAILMASTERS ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PASSENGER 1 ( PLEASE COPY FOR OTHER PASSENGERS )**

TITLE : \_\_\_\_ INITIAL(S) : \_\_\_\_\_ FORENAME(S) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SURNAME : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH : \_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS 1 :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS 2 :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COUNTY :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_POSTCODE : \_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTRY : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCCUPATION : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **VEHICLE DETAILS**

MAKE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MODEL : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YEAR : \_\_\_\_\_\_\_\_\_\_\_\_ REG.NO : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FUEL TYPE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MAIN DRIVER ( ‘ THE AGENT OF THE PARTY ‘ )**

TITLE : \_\_\_\_ INITIAL(S) : \_\_\_\_\_ FORENAME(S) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SURNAME : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE OF BIRTH : \_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS 1 :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS 2 :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COUNTY :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_POSTCODE : \_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTRY : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME TEL : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK TEL : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOBILE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMERGENCY TEL NO : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCCUPATION : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_