BOOKING FORM

YSE Limited, Church House, Abbey Close, Sherborne, Dorset DT9 3LQ
Tel: 0845 122 1414 (local rate) **or 01935 816 550**
Fax: 01935 814 561 email: sales@yseski.co.uk

PARTY LEADER SURNAME ..... **FIRST NAME** ..... **TITLE** .....

ADDRESS ..... **POSTCODE** .....

DAY PHONE ..... **EVENING PHONE** .....

MOBILE PHONE ..... **EMAIL** .....

NAMES OF WHOLE PARTY INCLUDING PARTY LEADER. PLEASE PRINT CLEARLY. CONTINUE ON SEPARATE SHEET IF NECESSARY

Title	First Initial	First Name	Surname	Chalet	Room Number if applicable	Arrival Date	Length of Stay	YSE Flight? Yes / No	Insurance Code or OWN See below*	Age	Occupation
		AS THEY APPEAR IN PASSPORT									

OPTIONAL EXTRAS including Different Diets
(Please see website for details)

Optional Extra	Name	£
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

Do any of the vegetarians listed eat fish? Yes / No

INSURANCE PREMIUMS AND CODES

* Please enter the relevant code (see below) against any member of your party who would like YSE insurance. If YSE insurance is NOT required, please write 'OWN' for that person. Your signature overleaf is confirmation that any individual not taking YSE insurance holds a policy giving cover identical to or greater than that described on our website. Insurance premiums are non-refundable 14 days after cover has been effected.

SINGLE TRIP:	Adult	Child	Family	Non-skier	ANNUAL:	Europe	Worldwide
10 Days	A10 £38	C10 £18	F10 £88	NS10 £22	Single	APES £65	APWS £95
17 Days	A17 £45	C17 £22	F17 £105	NS17 £26	Couple	APEC £100	APWC £145
Excess Waiver	EW £7.50 per person				Family	APEF £125	APWF £170
UK Medical	MD £20 per person						

All premiums include 17.5% insurance premium tax

PTO

PAYMENT DETAILS

Deposits Due @ £150 per bed = £.....

Full Payment (if less than 11 weeks before departure) = £.....

Total Insurance (from previous page) = £.....

TOTAL PAYMENT ATTACHED = £.....

TO BE SIGNED BY THE PARTY LEADER

I have read the YSE Booking Conditions on the YSE website www.yseski.co.uk/booking.html, as well as the information mentioned in the 'I Have Read' section on page 32 of this brochure, which I accept on behalf of myself, all members of my party as listed overleaf, and any further people whom I may subsequently include on this booking. I further confirm that all members of my party are insured to include Cancellation Cover.

Where relevant, I understand that there may be a damage deposit to pay in advance of our holiday.

I am over 18 years of age.

Signed .....

Date .....

PAYMENT BY CREDIT CARD

Please charge my Debit/Visa*/Mastercard*/Switch card, to include insurance premiums if required, as follows:
**payment by credit card incurs a 1.5% surcharge*
(we do not accept AMEX)

Amount £ .....

Card Number

Three-digit security number on back of card

Full name as on card .....

Start date ..... / ..... Expiry date ..... / .....

Issue number (Switch/Maestro) .....

Billing address (if not as overleaf)

.....

.....

Cardholder's signature

.....

Tick here if you would like us to debit the balance from your credit/debit card on the due date ☐
**payment by credit card incurs a 1.5% surcharge*

Tick here if you would like us to debit the damage deposit (where relevant) from your credit/debit card two days before your departure. (*There is no surcharge for credit/debit cards).* ☐

To help us avoid fruitless advertising, please would you let us know how you heard of YSE?

Tick here if you would like to receive the YSE email newsletter. We send a newsletter every couple of months, maximum. YOU WILL NOT BE BOMBARDED. ☐

In case of emergency we may need to contact you. If we cannot contact the Party Leader it is useful to have details of other members of the party. Please fill in the following for other members of your group.

Title	Initial	Surname	Address	Postcode	Telephone number