Art Treasures *of* Northern Italy

Friday 16 - Tuesday 20 October 2026

Please complete this form in **BLOCK CAPITALS** and return it to Heritage Group Travel, together with your deposit of **£400 per person, as soon as possible** and no later than **Monday 09 March 2026**.

Please return digital booking forms to **Bookings@grouptravel.co.uk**

Name must be exactly as is written on passport FIRST PERSON

TITLE

FIRST NAME

SURNAME

Name by which you wish to be known on tour (if different from above)

ADDRESS

POST CODE

TELEPHONE

MOBILE

EMAIL

SPECIAL REQUESTS e.g. Dietary or health requirements, etc (Special requests cannot always be guaranteed)

Name must be exactly as is written on passport SECOND PERSON

TITLE

FIRST NAME

SURNAME

Name by which you wish to be known on tour (if different from above)

ADDRESS

POST CODE

TELEPHONE

MOBILE

EMAIL

SPECIAL REQUESTS e.g. Dietary or health requirements, etc (Special requests cannot always be guaranteed)

Please note that this tour involves a reasonable amount of walking and standing, and is therefore unsuitable for those with mobility problems.

*If you have any queries regarding the suggested mobility requirements for the enclosed programme, please feel free to contact Heritage Group Travel at **01225 466620** or email **Lydia@grouptravel.co.uk***

I/We would like to reserve the following room type: Twin ☐ Double ☐

Double room for sole occupancy ☐ Supplement of **£250** (subject to single room availability)

If you intend sharing a room with someone not specified on this form please give their name below:

Tour Reference: **153265**

It is a condition of booking that every tour member has adequate travel insurance. FIRST PERSON

INSURANCE COMPANY

POLICY NO.

It is a condition of booking that every tour member has adequate travel insurance. SECOND PERSON

INSURANCE COMPANY

POLICY NO.

PASSPORT DETAILS

DATE OF BIRTH (DD/MM/YYYY)

NATIONALITY

PASSPORT NO.

EXPIRY DATE (DD/MM/YYYY)

ISSUE DATE

COUNTRY OF ISSUE

PASSPORT DETAILS

DATE OF BIRTH (DD/MM/YYYY)

NATIONALITY

PASSPORT NO.

EXPIRY DATE (DD/MM/YYYY)

ISSUE DATE

COUNTRY OF ISSUE

PERSON TO CONTACT IN AN EMERGENCY

NAME

DAYTIME NO

MOBILE NO

PERSON TO CONTACT IN AN EMERGENCY

NAME

DAYTIME NO

MOBILE NO

INTERNATIONAL FLIGHT REQUIREMENTS

Please book my flights as per the brochure YES ☐ NO ☐

I will make my own travel arrangements YES ☐ NO ☐

*(Please note that we strongly advise that you do **NOT** make your own flight reservations until you have received written confirmation that your booking has been accepted and the tour is going ahead)*

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Please book my flights as per the brochure YES ☐ NO ☐

I will make my own travel arrangements YES ☐ NO ☐

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METHODS OF PAYMENT *All personal information is stored according to the guidelines set out under the Data Protection Act*

I/We wish to book ☐ place(s) on the tour and enclose a deposit of **£400 per person**.

I/We enclose a cheque made payable to **Martin Randall Travel** for the sum of ☐

Please debit my VISA/MASTERCARD the sum of ☐

Please debit my DEBIT CARD the sum of ☐

NAME OF CARDHOLDER

CARD NO

EXPIRY DATE

Please telephone 01225 466620 or email bookings@grouptravel.co.uk with your 3 digit security code.
Payment cannot be processed without this number, and bookings will not be confirmed until payment has been made.

I/We have made payment by BANK TRANSFER to the below account for the following amount: ☐

Account Name: **Martin Randall Travel** Account Number: **85377277**
Sort Code: **40-38-04** Reference: **153265 (& your SURNAME)**

*Please ensure that BACS payments are directed to **Martin Randall Travel** (our parent company) using the above information.*

I/We have read the booking conditions and confirm that I/we have adequate insurance for this tour:

Signature/Print Name: **Date:**