



Holiday Booking Form



Miss//Mrs/Ms/Mr:	
Name:	Date of Birth:
Address 1:	
Address 2:	
Town:	Post Code:
Tel:	
Email:	

Holiday Destination

From Nights

For Holidays Abroad	
Passport Number:	<input type="text"/>
Issue Date:	<input type="text"/>
Expiry Date:	<input type="text"/>

<u>Additional Needs / Requests</u>	Tick if	Added
Please call us to discuss your support needs on your holiday	Required	Cost
	✓	£
Continual 1 to 1 support for Wheel Chair users / Escort, Personal Care Walking mobility support, 24 hr Support Any of the above including personal care A. Calculate @ £60 per day X No of Days	<input type="checkbox"/>	<input type="text"/>
Occasional 1 to 1 support ie with Eating, Bathing, Dressing, toileting 1 to 1 bathing/dressing/eating B. Calculate @ £15 per day X No of Days	<input type="checkbox"/>	<input type="text"/>
C. Wheelchair hire (£10 per Day)	<input type="checkbox"/>	<input type="text"/>
D. Door to door transport (please Call)	<input type="checkbox"/>	<input type="text"/>
E. Single room Occupancy (Please Call)	<input type="checkbox"/>	<input type="text"/>
F. wheel chair accessible Room	<input type="checkbox"/>	<input type="text"/>
G. Your own Support Worker (Please Call)	<input type="checkbox"/>	<input type="text"/>
H. If you have any other additional needs or requests please call and we will endeavour to assist. Specify Here:	<input type="checkbox"/>	<input type="text"/>
Total of Additional Costs (Sum of A - H)	<input type="checkbox"/>	<input type="text"/>

COST OF YOUR HOLIDAY	
BASIC HOLIDAY COST	<input type="text"/>
ADDED NEEDS/REQUESTS COSTS (A—H)	<input type="text"/>
OTHER	<input type="text"/>
TOTAL COST OF YOUR HOLIDAY	<input type="text"/>

Minimum deposit payment of 50% is required at the time of booking. Balance payments are: 75% payment 16 weeks prior to the holiday date. Balance 12 weeks prior to the holiday date. Payments must be made in full by this time or your deposit maybe forfeit. If flights are included in your holiday then you may have to make a larger deposit payment to cover the flight costs.

Payments to Spiral Sussex Ltd by either:

BACS: Sort Code: 20-12-80 Ac No: 60332488

Credit / Debit Card Phone 07922098062 / 03030402860

Cheque: Send to Spiral Sussex Ltd, Unit 1A, Prospect House, The Hyde business Park, Brighton BN2 4JE.

Spiral Sussex Ltd reserves the right not to accept your booking if we feel that the holiday is unsuitable or unsafe, or that we are unable to provide adequate support. If you are travelling overseas you must have a valid Passport and EHIC Card and Insurance.

Please Note: General care support with dressing, eating, and bathing, is included in the basic holiday cost.

This Holiday Booking form is a contract between you and Spiral Sussex Ltd, to provide you with the above Respite Holiday. Please sign and return to confirm you have read and accept the booking Terms & Conditions. Available from our website www.spiralsussex.com or by post/email upon request. The booking is confirmed when we send the letter of confirmation and invoice. You are responsible for taking out a travel insurance policy.

NAME:	SIGNATURE:	DATE:
Carer:	Authorization Signature (if required):	

Return to Spiral Sussex Ltd, Unit 1a, Prospect House, The Hyde Business Park, Brighton BN2 4JE. Tel 03030 402860