

BOOKING FORM

PACKAGE REQUIRED (Please see website for pa	ackage options).
	FROM SATURDAY TO SATURDAY
PACKAGE 2	FROM SATURDAY TO SATURDAY
PACKAGE 3	FROM SUNDAY TO SUNDAY
FLYING FROM:	AIRPORT
PLEASE FILL IN ALL DETAILS BELOW IN BLOCK CAPITAL LETTERS:	
NAME:	NAME:
ADDRESS:	ADDRESS:
TELEPHONE:	TELEPHONE:
NAME: ADDRESS:	NAME:
TELEPHONE:	TELEPHONE:
NAME:	NAME: ADDRESS:
TELEPHONE:	TELEPHONE:
Declaration: On behalf of the above named persons, I on behalf of the grand conditions sheet.	roup agree that we accept the terms and conditions stated on the terms
GROUP ORGANIZER: SIG	SNATURE (Required): DATE:
	PLEASE NUMBER PACKAGE
I am paying a 40% deposit (not refundable	ADULT(S) FISHERMAN ON PACKAGE
Calculate your deposit: Add up all single prices then X the total amount this is the deposit required. For example: 4 adults fishing package I = £ X by $40\% = £840$.	
	JUNIOUR(S) FISHERMAN ON PACKAGE
	NON FISHING JUNIOR(S) ON PACKAGE
Please note, all outstanding balances will need to be settled in full 6 we you include a copy of all passports (photo page), this will ensure fishing	eks before your departure date. When sending your deposit, please ensure g licences can be obtained before your arrival.
Please make all cheques payable to Ebro Fishing Dreams Ltd.	

Impact Fishing Adventures Ebro Fishing Dreams 264 High Street Waltham Cross Hertfordshire EN8 7EA Checklist:

Booking form
Signed and dated by the Group Organizer
Correct deposit amount (cheque)
Photocopies of all passports

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