

McKinlay Kidd Booking Form



CORRESPONDENCE DETAILS

Address	Telephone
	Mobile (In case we need to contact you while you are on holiday)
City/Town	Email
Post/ZIP code	

6/1
The Hatrack
144 St. Vincent Street
Glasgow
G2 5LQ

GUEST DETAILS (Party Leader first)

Please enter all names (as they appear in their respective passports) and dates of birth of all travellers before your booking can be confirmed.

Full Name			On Departure		Nationality
Title	First Name	Surname	Age	Date of Birth	

Telephone: 0141 260 9260
Fax: 0141 278 6013
+44 (0) 141 260 9260
USA/Canada toll-free: 1-866 922 8538
Australia toll-free: 1-800 760 824

www.mckinlaykidd.com
email: hello@mckinlaykidd.com

We strongly advise you to ensure you are adequately insured against cancellation or curtailment. Travel & General Insurance offer cover specifically designed for UK residents. For details see <https://tagconnect.brokersure.com/> or tel: 0330 880 3625. Overseas residents are advised to make own arrangements in their country of residence.

EMERGENCY CONTACT

Please provide us with the contact details of someone who will not be travelling with you that we will be able to reach in case of an emergency.

Full name	Telephone	Relationship
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HOLIDAY DETAILS

Holiday name Please indicate if tailor-made	Date of Departure	Date of Return	Room(s) required	
			Single	Double
			Twin	Family

YOUR MCKINLAY KIDD APP

Please confirm if you intend to travel with a smartphone or tablet. Yes No If yes, you will be sent log in details for your personalised Vamoos App to access your booking details, documents and maps (maps can be downloaded and used offline too).

SPECIAL REQUESTS

If you have any additional requests or require other assistance please state here. Please provide us with full details of any connecting flights.	Would you like a quotation from us for a hire car? Yes <input type="checkbox"/> No <input type="checkbox"/> Already received <input type="checkbox"/>
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PAYMENT

If booking more than eight weeks before departure, the deposit you are required to pay will be 25% of the total holiday cost or a minimum £100 per person (whichever is greater). If booking less than eight weeks before departure, full payment is required.

I wish to pay for the holiday by cheque, and have enclosed (a) cheque(s) for £ made payable to McKinlay Kidd Ltd.

I wish to pay by electronic funds transfer. Please contact us for account details.

I wish to pay by credit or debit card I authorise you to charge £ to my Mastercard/Visa.

Card Number	Issue Number
Security Number (3 digits on signature strip)	Expiry Date
Valid From	
Cardholders Name & Address	

SIGNATURE (Party Leader)

Please read our booking conditions before signing. If under 18 years of age this should be signed by a parent or guardian. On behalf of the above named persons, I accept the booking conditions supplied which form part of the contract.

Signed: _____ Date: _____

We advise you not to email credit card details. You can return this form by fax to +44(0) 141 278 6013 or by post to McKinlay Kidd Ltd, 6/1 The Hatrack, 144 St. Vincent Street, G2 5LQ



McKinlay Kidd Limited
Registered in
Scotland no: 250017
Registered address:
6/1
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144 St. Vincent Street
Glasgow
G2 5LQ
VAT No. 817014457
Directors:
Heather McKinlay,
Robert Kidd