

DECLARATION OF HEALTH

To the best of your knowledge, are all passengers mentioned overleaf in sound health, both physically and mentally, and suffering from no illness, complaint or infirmity of any description? YES NO (If no, please state brief details)

SPECIAL REQUESTS (dietary, medical etc.) AND ADDITIONAL INFORMATION

IF NOT TAKING OUR INSURANCE, please specify Insurance Cover

Company: _____

Policy Number: _____

24-hour Emergency Assist Telephone Number: _____

RESERVATION FORM**DATA PROTECTION ACT 1984 and 1998**

Information provided by you to us in connection with your booking(s) will be held by Arena Travel (Arena Tours Ltd) in accordance with the Data Protection Act 1984 and 1998. It will be used to facilitate your requirements and requests. Arena Travel and its affiliated companies may use the information to provide you with details of their full range of services and products.

Arena Travel does not sell or rent its lists of names and addresses to any other companies. If you are on our mailing list and do not wish to receive any future news from Arena Travel then please write to the **Customer Data Department, Arena Travel, Caxton House, 36 Anson Road, Martlesham Heath, Suffolk, IP5 3RG**

If you wish to obtain a copy of the personal information held about you, please write to the above address.

Arena Travel reserves the right to make a small administrative charge for supplying this information.

NAME, ADDRESS AND CONTACT NUMBER OF A FRIEND OR RELATIVE (Whom we should contact in case of an emergency)

Pax Number	Name and Address	Post Code	Daytime Telephone Number	Evening Telephone Number
1				
2				
3				
4				

Important terms and conditions are contained in this document, you should read and understand them before you sign. Please ask for assistance should you need it. I agree on behalf of all persons named on this Reservation Form to accept Arena Tours Ltd Reservation Conditions.

Signature: _____

Date: _____

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