

BOOKING FORM

PLEASE COMPLETE FORM IN BLOCK CAPITALS

Name of tour: _____

Departure date: _____

TRAVELLERS' NAMES

(PLEASE COMPLETE WITH TITLE & NAME AS DETAILED IN YOUR PASSPORT):

Title _____ First Names _____

Surname _____

Nationality _____ Date of Birth _____

Place of Birth _____ Passport No. _____

Issue Date _____ Expiry Date _____

Title _____ First Names _____

Surname _____

Nationality _____ Date of Birth _____

Place of Birth _____ Passport No. _____

Issue Date _____ Expiry Date _____

Address _____

Postcode/Zip _____

Tel (H) _____ (W) _____

Mobile _____ Fax _____

Email _____

Room/cabin preferred: twin double single (land trip only)

TRAVEL INSURANCE

Name of insurer _____

Policy No. _____ Emergency Tel No. _____

NEXT OF KIN

Relationship _____ Tel. _____

DEPOSIT PAYMENT: £400 PER PERSON - NON REFUNDABLE

Bank transfer for _____ Credit card for _____

Cheque for _____

HEALTH - Do you have any disability or medical condition which might prevent you from participating in the tour?

SPECIAL REQUESTS - Do you have any special requests (i.e. Dietary requirements)?

PLEASE SEND ANY SPECIFIC DETAILS IN A SEPARATE LETTER IF NECESSARY

I have read and agreed to the booking conditions on behalf of all those listed above, and hereby confirm my booking.

Signature _____ Date _____

PETER SOMMER TRAVELS, SUITE 2, 96 MONNOW STREET, MONMOUTH, NP25 3EQ, UK