



PETER SOMMER

TRAVELS

Booking Form

NAME OF TOUR:.....

DEPARTURE DATE:.....

TRAVELLER'S NAMES: *(Please complete with title & name as detailed in your passport)*

1. Title:..... First Names:..... Surname:.....

Nationality:..... Date of Birth: Place of Birth:.....

Passport Number#..... Issue Date..... Expiry Date.....

2. Title:..... First Names:..... Surname:.....

Nationality:..... Date of Birth: Place of Birth:.....

Passport No:..... Issue Date..... Expiry Date.....

ADDRESS:.....

TEL (Home):..... TEL (Work):.....

FAX:..... EMAIL:.....

ROOM/CABIN PREFERRED: Twin Double Single (Land trip only)

TRAVEL INSURANCE: Name of Insurer:

Policy number: Emergency Tel No:

NEXT OF KIN:..... Tel No: Relationship:

DEPOSIT PAYMENT: £400- non refundable

Cheque for Bank transfer for Credit Card 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 give 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:**.....