



BOOKING FORM
(Please fill in using BLOCK CAPITALS)

1. TOUR NAME..... **2. TOUR DATE**.....

3. YOUR PERSONAL DETAILS:

| TITLE | FIRST NAME | SURNAME | OCCUPATION |
|-------|------------|---------|------------|
| | | | |
| | | | |

4. ADDRESS FOR CORRESPONDENCE:

.....
.....

HOME TEL: MOBILE: E-MAIL:

5. ACCOMMODATION REQUIREMENTS:

SHARED TWIN

DOUBLE ROOM

SINGLE ROOM

6. DO YOU HAVE ANY SPECIAL DIETARY REQUIREMENTS? YES/NO

IF YES, SPECIFY.....

7. DO YOU HAVE A MEDICAL CONDITION THAT WE SHOULD KNOW ABOUT? YES/NO

IF YES, SPECIFY.....

8. YOUR MAIN AREA OF INTEREST FOR THE TOUR (e.g. birds, plants, butterflies, culture, etc.)

.....

9. NEXT OF KIN CONTACT, IN CASE OF EMERGENCY:

NAME: TEL:

10. DETAILS OF YOUR TRAVEL INSURANCE:

COMPANY NAME:..... POLICY NUMBER:.....CONTACT TEL:.....

11. I/WE ENCLOSE A CHEQUE FOR £..... BEING THE DEPOSIT FOR PERSON/S

12. I/WE READ TERMS AND CONDITIONS AND AGREE TO BE BOUND BY THEM

DATE

SIGNATURE.....