

BIRDING ABROAD

Booking Form



Tour Name	Tour Date
-----------	-----------

I/we wish to book	place(s) on the tour stated above
-------------------	-----------------------------------

Type of room	<input type="checkbox"/> Twin	<input type="checkbox"/> Single*	*Please note: a single room will attract a supplement
--------------	-------------------------------	----------------------------------	-------------------------------------------------------

Personal Details

Guest 1	Title	First Name	Surname
----------------	-------	------------	---------

Phone	Email
-------	-------

Guest 2	Title	First Name	Surname
----------------	-------	------------	---------

Phone	Email
-------	-------

Correspondence Address

--

Postcode

Passport Details

Guest 1	Name as it appears on passport
----------------	--------------------------------

Passport Number	Expiry Date	Date of Birth
-----------------	-------------	---------------

Guest 2	Name as it appears on passport
----------------	--------------------------------

Passport Number	Expiry Date*	Date of Birth
-----------------	--------------	---------------

*Please ensure your passport is valid for at least 6 months after the end of the tour

Additional Notes

Please give details of anything the tour leader should know about, such as dietary requirements, allergies, medication, medical conditions, etc.

Insurance

It is a condition of booking that all our guests have comprehensive insurance before travelling with Birding Abroad (see terms and conditions)

Name of Insurer	Policy No.
-----------------	------------

Expiry Date of Policy	Insurers 24hr Emergency Number
-----------------------	--------------------------------

Emergency Contacts

Name	Mobile	Landline/Email
------	--------	----------------

Name	Mobile	Landline/Email
------	--------	----------------

Payment

Bank Transfer	I/we wish to pay	£	by electronic bank transfer as a deposit for the tour, as stated above
----------------------	------------------	---	------------------------------------------------------------------------

Cheque	I/we enclose a cheque for	£	as a deposit for the tour, as stated above
---------------	---------------------------	---	--------------------------------------------

TRANSFER DETAILS Account Name: Birding Abroad Limited Sort Code: 20-11-39 Account Number: 73015610

Declaration

I/we have read the terms and conditions and wish to join the tour and confirm that I/we have no medical condition which would prevent me/us from doing so

Signed	Date
--------	------

Please sign and return to:
14 Fiddlers Drive, Armthorpe
DONCASTER, South Yorkshire DN3 3TT
Tel: 01302 835094