

# BOOKING FORM

<b>OFFICE USE ONLY</b>	
BOOKING REF:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
TOUR CODE:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## TOUR INFORMATION

Tour Title: .....

Departure Date:  /  /  *Copy this form or call us on 0345 475 1815 if you would like to book multiple tours, add extra nights or upgrade your flights. Additional forms available on our website.*

## LEAD PARTICIPANT *Please ensure all details are exactly as shown in passport*

Title: ..... First Name: ..... Surname: .....

Known as: ..... Male:  Female:

Address: ..... Single Room  Twin Room  Double Room

Post/Zip Code: ..... Country: ..... Telephone: *(Including intl code)* .....

Email: ..... Mobile: .....

Further Information *(Anything you think we should know, such as special dietary requirements)*

**Passport Details** Nationality: .....

Number:

Date of Birth:  /  /

Date of Expiry:  /  /

Please tick if:  
 you would like a quote for upgraded travel  
 you wish to travel 'land only' and exclude our flight arrangements.

## Travel/Trip Insurance Details *Please see relevant passage in our Important Information for full details on insurance requirements*

Provider: ..... Policy No: ..... 24 hr Contact Tel No: .....

## Next of Kin Details *This section is non-compulsory*

Name: ..... Contact No: ..... Relationship: .....

Where did you hear about The Cultural Experience? .....

## PAYMENT INFORMATION

I wish to book  places and I enclose a non-refundable deposit of £  per person being a total amount of £

*Please note that the full balance will be required if booking less than 70 days before the departure date of the tour*

I wish to pay by: Visa  Mastercard  American Express  Debit Card  Cheque  Bank Transfer

*A 2% fee will be applied to all credit card & Amex payments. Please make all cheques payable to 'The Cultural Experience'*

Card Number:

Expiry Date:  /  Security Code:  *This is the last 3 digits of the number on the signature strip of your card, except for Amex where it is the 4 digits on the right hand side of the card.*

Name as it appears on the payment card: .....

I confirm the name and address of the credit/debit card holder are as for the lead participant above.

Signature: ..... Print Name: .....

## BOOKING AUTHORISATION

I have read, understood and agree to accept the booking conditions on behalf of myself and others included on this form.

Signature: ..... Date:  /  /



PLEASE COMPLETE THE REVERSE OF THIS FORM



BOOKING REF:

# BOOKING FORM



Please ensure details for all participants are exactly as shown in passport

2ND PARTICIPANT	3RD PARTICIPANT	4TH PARTICIPANT
Surname: .....	Surname: .....	Surname: .....
Title: .....	Title: .....	Title: .....
First Name: .....	First Name: .....	First Name: .....
Known as: .....	Known as: .....	Known as: .....
Address: .....	Address: .....	Address: .....
Post/Zip Code: .....	Post/Zip Code: .....	Post/Zip Code: .....
Country: .....	Country: .....	Country: .....
Email .....	Email .....	Email .....
Telephone: .....	Telephone: .....	Telephone: .....
<i>(Including intl code)</i>	<i>(Including intl code)</i>	<i>(Including intl code)</i>
Mobile .....	Mobile .....	Mobile .....
Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Room:</b>	<b>Room:</b>	<b>Room:</b>
Single <input type="checkbox"/> Twin <input type="checkbox"/> Double <input type="checkbox"/>	Single <input type="checkbox"/> Twin <input type="checkbox"/> Double <input type="checkbox"/>	Single <input type="checkbox"/> Twin <input type="checkbox"/> Double <input type="checkbox"/>
<b>Passport Details</b>	<b>Passport Details</b>	<b>Passport Details</b>
Nationality: .....	Nationality: .....	Nationality: .....
Passport Number	Passport Number	Passport Number
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of Birth:	Date of Birth:	Date of Birth:
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of Expiry:	Date of Expiry:	Date of Expiry:
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<b>Travel/Trip Insurance Details</b>	<b>Travel/Trip Insurance Details</b>	<b>Travel/Trip Insurance Details</b>
Provider: .....	Provider: .....	Provider: .....
Policy No. .....	Policy No. .....	Policy No. .....
24 hr Tel No. .....	24 hr Tel No. .....	24 hr Tel No. .....
<i>(Including intl code)</i>	<i>(Including intl code)</i>	<i>(Including intl code)</i>
<b>Next of Kin Details</b>	<b>Next of Kin Details</b>	<b>Next of Kin Details</b>
Name: .....	Name: .....	Name: .....
Relationship: .....	Relationship: .....	Relationship: .....
Contact Tel: .....	Contact Tel: .....	Contact Tel: .....

Please return form to: **THE CULTURAL EXPERIENCE, 8 BARNACK BUSINESS PARK, BLAKEY ROAD, SALISBURY, SP1 2LP**