

BOOKING FORM

OFFICE USE ONLY

BOOKING REF:

TOUR CODE:

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:

Dietary Requirements *(Please let us know any food allergies and intolerances along with any information you feel we should know)*

Passport Details Nationality:

Number:

Date of Expiry: / /

Date of Birth: / /

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 optional.*

Name: Contact No: Relationship:

Where did you hear about The Cultural Experience?

I consent to any photographs where I may appear to be used in promotional material for The Cultural Experience. ☐

I confirm I am aware of the tour activity level and am of the required fitness to undertake this tour ☐

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: / /

PAYMENT INFORMATION

I wish to book place(s) 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 ☐ Debit Card ☐ Cheque ☐ Bank Transfer ☐

Please refer to our booking conditions in our brochure or on our website. 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.*

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:



PLEASE COMPLETE THE REVERSE OF THIS FORM



BOOKING FORM ADDITIONAL PASSENGER

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BOOKING REF:

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

2ND PARTICIPANT

Title:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Travel/Trip Insurance Details
First Name:	Room:	Provider:
Surname:	Single <input type="checkbox"/> Twin <input type="checkbox"/> Double <input type="checkbox"/>	Policy No.
Known as:	Passport Details	24 hr Tel No. (Including intl code)
Address:	Nationality:	Next of Kin Details (optional)
.....	Passport Number	Name:
Post/Zip Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Relationship:
Country:	Date of Expiry:	Contact Tel:
Email	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	I consent to any photographs where I may appear to be used in promotional material for The Cultural Experience. <input type="checkbox"/>
Telephone:	Date of Birth:	
(Including intl code)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Mobile		

If you would like a quote for upgraded or additional travel, tour extensions (e.g. additional hotel stays, pre or post tour) or airport accommodation please give us as much information as possible in the box below

If your party consists of more than two passengers please fill in an additional booking form or call us on **0345 475 1815** or email **info@theculturalexperience.com**.

Please return your completed forms to:

The Cultural Experience
The Studio
26a The Dean
New Alresford
SO24 9AZ
United Kingdom

