

BOOKING FORM

OFFICE USE ONLY

Booking
Reference

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 web site.

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 ☐

..... Telephone.....

Post/Zip Code Country

Email Mobile

Please include international dialling codes where applicable

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

- ☐ Tick if you would like a quote for upgraded travel (See overleaf)
☐ Tick if you wish to travel 'land only' and exclude our flight arrangements

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

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



BOOKING FORM

ADDITIONAL PASSENGER

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Booking
Reference

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

SECOND PARTICIPANT

Title Email

First Name Telephone.....

Surname Mobile

Known as Please include international dialling codes where applicable

Address Male ☐ Female ☐

..... Single Room ☐ Twin Room ☐ Double Room ☐

Post/Zip Code

Country

Passport details

Nationality

Date of Expiry

D	D	/	M	M	/	Y	Y	Y	Y
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Passport Number

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Date of Birth

D	D	/	M	M	/	Y	Y	Y	Y
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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

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

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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 Cultural Experience, 11B Mansfield Park, Four Marks, Alton, GU34 5PZ, United Kingdom

