

# 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: .....

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

Passport Details Nationality: .....

Number:

Date of Expiry:   /   /

Date of Birth:   /   /

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 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.

## 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, 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 FORM ADDITIONAL PASSENGERS

OFFICE USE ONLY

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"/>	<b>Travel/Trip Insurance Details</b>
First Name: .....	<b>Room:</b>	Provider: .....
Surname: .....	Single <input type="checkbox"/> Twin <input type="checkbox"/> Double <input type="checkbox"/>	Policy No. ....
Known as: .....	<b>Passport Details</b>	24 hr Tel No. .... <i>(Including intl code)</i>
Address: .....	Nationality: .....	<b>Next of Kin Details (optional)</b>
.....	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"/> <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:	
<i>(Including intl code)</i>	<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 .....		

## 3RD PARTICIPANT

Title: .....	Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Travel/Trip Insurance Details</b>
First Name: .....	<b>Room:</b>	Provider: .....
Surname: .....	Single <input type="checkbox"/> Twin <input type="checkbox"/> Double <input type="checkbox"/>	Policy No. ....
Known as: .....	<b>Passport Details</b>	24 hr Tel No. .... <i>(Including intl code)</i>
Address: .....	Nationality: .....	<b>Next of Kin Details (optional)</b>
.....	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"/> <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:	
<i>(Including intl code)</i>	<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 .....		

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If your party consists of more than three passengers please fill in an additional booking form or call us on 0345 475 1815 or email [info@theculturalexperience.com](mailto:info@theculturalexperience.com).

Please return your completed forms to:

The Cultural Experience  
8 Barnack Business Park  
Blakey Road  
Salisbury  
SP1 2LP  
United Kingdom

