

BOOKING FORM



DETAILS OF PERSONS TRAVELLING & VISA APPLICATION DETAILS. Names to be written as shown on passport.

Title	Fore-names	Surname	Nationality	Passport Number	Place and Date of Issue	Expiry Date	Date and Place of Birth	Occupation

ADDRESS FOR CORRESPONDENCE

Name of the person signing this form to whom all correspondence will be addressed

Name & Address _____

_____ Post code _____ Work Tel: _____ Fax No: _____

Mobile: _____ Home Tel: _____ Home Fax: _____

Email address _____ Next of Kin Name/Contact No _____

HOLIDAY DETAILS

Name of Tour _____ Travel Dates _____ Holiday Price _____

Double/Twin/Single rooms _____ Special requests/food allergies/airline seat requests _____

TRAVEL INSURANCE

You are strongly recommended, in your own interests, to consider travel insurance for medical, cancellation and other cover. This should be in place at the time of booking. **Please enter below the name of your insurers and include their 24 hour emergency telephone number.**

Insurers & Policy No:	Emergency Service No:
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PAYMENT

DEPOSIT (£600 per person) or higher amount if required

FULL PAYMENT is required if booking is made less than 8 weeks before departure

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PLEASE MAKE CHEQUES PAYABLE TO: **FAR FRONTIERS TRAVEL LTD**
HELPING TO KEEP THE COSTS OF OUR TOURS DOWN WE DO NOT ACCEPT CREDIT CARDS

I have read and understand the Booking Conditions. I am a member of the party above, confirm that I accept the prices quoted and that I am authorised to accept these and the booking conditions on behalf of all other persons included in this booking whether named or not. Bookings are confirmed on receipt of deposits.

Date:

Signature:



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