

BOOKING FORM

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

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

ADDRESS FOR CORRESPONDENCE

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

Name & Address _____

Post code _____

Home Tel _____ Work Tel _____ Mobile _____

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 (you will be informed of required deposit at the time of booking)

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, I 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.

I also understand that data about me and members of my party needs to be stored for the purposes of arranging our holiday and may be kept for possible future bookings unless I request otherwise. We have read and understood the Far Frontiers Travel Privacy Policy (see website) and consent to this.

Date:

Signature:



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