

Return this form to: Sales & Marketing Dept,3 Daynes Way,Burgess Hill,W.Sussex. RH15 9RH

TRAVELLER INFORMATION:

Your Name & Address to which all correspondence will be sent.

NAME:	DEPARTURE DATE:
ADDRESS:	HOLIDAY DETAILS:
POST CODE:	TOUR CODE:
TELEPHONE NO:	EMAIL ADDRESS:

DETAILS OF PERSONS TRAVELLING:

TITLE	FORENAME	SURNAME	PASSPORT NUMBER	EXPIRY	DATE OF BIRTH
1					
2					
3					
4					

SPECIAL REQUESTS (Cannot be guaranteed and subject to availability)

ACCOMMODATION:	X SINGLE ROOM X TWIN ROOM	MEAL REQUESTS (ie. Vegetarian etc.)
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In accordance with our booking conditions all persons travelling MUST hold current worldwide travel insurance. Please detail below FULL details of your cover.

Insurance Company:	Policy No
Insurance Company Emergency Contact Number:	Expiry:

In case of Emergency please advise contact Name/Telephone number etc.

BOOKING PAYMENT *(if booking is made within 60 days of departure full payment is required)*

DEPOSIT: £200.00 per person. **please make cheques payable to: QUINTESSENTIAL TRAVEL LTD.**

I/we confirm that I am authorised to make this booking and I have read and accept the booking conditions.

Signature:

Date:

payment can also be made by Bank Transfer Account Name: Quintessential Travel Ltd	Office use:	BOOKING REF:
Bank: HSBC Account Number: 31453092		checked by:
Sort Code: 40-15-16		

