



PATRICK SYDER TRAVEL

Escorted Cultural Tours

BOOKING FORM

Personal Details: (as shown on your passport)

Title	First Name	Surname	Place and Date of Birth	Occupation

Passport Details:

Nationality	Passport Number	Place of Issue	Date of Issue	Date of Expiry

Contact Details: (where correspondence is to be sent):

Name					
Address					
Tel (home)		Fax		Mobile	
Tel (work)		Email			

Trip Details:

Country					
Tour Title and Code					
Start Date		End date			
Deposit pp	£200.00	No. of pax		TOTAL	£
Full Cost pp (Payable if booking within eight weeks of departure)	£	No. of pax		TOTAL	£
Do you want a single room? All tours incur a single supplement room charge Please see specific Tour Dossier for amount payable				Single room supplement	£
Please make cheques payable to Patrick Syder Travel				Enclosed Payment	£



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Personal Details:

Do you have any special dietary requirements?

Traveller 1	
2	
3	

Do you have any medical conditions or allergies? (if you do, you may be required to complete a medical form before I can accept your booking)

Traveller 1	
2	
3	

Are you taking any medication? (Please inform me if this changes before the trip begins)

Traveller 1	
2	
3	

Insurance

Comprehensive travel insurance including personal medical and repatriation is compulsory

Insurance Company	Policy Number	Effective dates
Insurance Co. emergency contact details and telephone number		

I hereby confirm that I have read and understood the Booking conditions and accept them on behalf of myself and all other guests included on this form

Signed:

Print Name:

Date: