

BOOKING FORM

Title	First Name	Surname	Nationality	Date of Birth	Signature
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Address for all correspondence (<i>please include postcode and notify us immediately if your address should change</i>).					
Postcode:			Home phone:		
Work phone:		Mobile:		E-mail:	

Passport No.	Place of issue	Issue Date	Expiry Date
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Destination	Departure Date	Return Date

Proof of Travel Insurance:
(please attach copy of Cert. with booking form)

Insurance Company:	Policy Number:

Trip Cost,	Number of persons	@ £	£
	Number of Single Supplements	@ £	£
Total Travel Costs			£
Deposit (<i>10% of total costs, full amount payable if departure is less than 56 days</i>)			£
Total Enclosed			£

Any special dietary requirements (please advise)	
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Please return this form to:
e-mail: czh@journeyselite.com

Tel: 0044 (0) 1983 853064

