

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 NUMBE	EXPIRY	DATE OF BIRTH
1					
2					
3					
4					

SPECIAL REQUESTS (Cannot be guaranteed and subject to availability)

ACCOMMODATION:	<input type="checkbox"/> SINGLE ROOM <input type="checkbox"/> 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:
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Please Charge my Credit/Debit Card Number:

	Valid From:	Valid to:
Name on the Card:	Issue No:	Security Number:

Confirmation Signature:	<i>please note that a handling fee of 2.5% is added to all balance payments made by Credit Cards.</i>
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