

Limosa Booking Form

Please complete **BOTH** sides of this form using **BLOCK CAPITALS** throughout.



Please reserve me _____ place(s) on the following Limosa tour(s):

TOUR NAME

Tour Dates:

Additional*/Alternative* Choice:

Tour Dates:

* delete as applicable

Mr/Mrs/Miss (or other title)	First Names (exactly as shown in your passport)	Name you wish to be known by on tour	Surname

Address of first person named (to whom all correspondence will be sent):

Postcode:

Tel (home):

Tel (work):

Mobile:

E-mail:

ROOMING REQUIREMENTS What kind of room would you prefer, if available? (Please tick as applicable)

Double Twin Single Share*

If a single room is unavailable, I am happy to share a twin-bedded room with another tour participant

* If you are travelling alone and would like to share a room with another tour participant, we will do our best to find you a suitable room-mate.
Please note: if there is no one for you to share with, however, we will have to charge you the single room supplement.

TRAVEL DETAILS I/We will be taking the **flights** with the group from the UK or I/We wish to book as 'land only'

We need to know whether you smoke in order to match up room-mates where possible. Smoker Non-Smoker

Do you have any **special dietary** requirements (eg. vegetarian, diabetic, other)?

Yes (please give details) _____ No

Do you have any **medical condition** we should know about and/or which would prohibit full participation in the tour?

Yes (please give details) _____ No

PLEASE TURN TO BACK OF FORM AND COMPLETE ALL RELEVANT SECTIONS

INSURANCE It is a condition of booking that all participants must be fully covered by insurance before travelling with us. We strongly recommend that you obtain adequate travel insurance as soon as possible after booking to ensure you are covered against charges for unexpected cancellation, personal accident, medical expenses, personal liability, loss of luggage or money, etc. Once you have arranged your insurance, please be sure to send us the following essential details: name of your insurance provider, their contact telephone number, your policy number, expiry date and your insurer's 24hr Emergency Assistance number. Due to UK Government legislation please note we can no longer offer or recommend travel insurance. **Please confirm one of the following:**

I/We already have our own Travel Insurance, and enclose details herewith

I/We will be arranging our own Travel Insurance and will forward details to you shortly

TRAVEL FORMALITIES Please confirm the following details, in full **EXACTLY AS THEY APPEAR IN YOUR PASSPORT**. Passports must be valid for a minimum of 6 months after your date of return from tour.

First names		
Surname		
Nationality		
Date of birth		
Place of birth		
Passport number		
Place of issue		
Date of issue		
Date of expiry		

PLEASE MAKE THE ABOVE RESERVATIONS

I/We enclose £ _____ as booking deposit / as full payment for the tour (please see brochure itinerary for amount)

I/We wish to pay by debit/credit card. Please charge the above amount to my Visa/Mastercard/Visa Debit/Solo/Maestro/Visa Electron:

Card No.:

Please Tick Box:


 
 
 
 
 

For your security our office will telephone you for additional card details.

I/We have read the Limosa brochure (including the sections entitled 'General Information' and 'About Our Holidays'), and accept the Booking Conditions and other information contained therein in full. I confirm that I am authorised to accept these conditions on behalf of all the above named persons.

(All correspondence will be sent to person whose signature appears below)

Signature _____

Date / /

HOW DID YOU HEAR ABOUT LIMOSA?

Existing customer (please name last tour) Personal recommendation Bird Fair

Advertisement (name of publication) Other (please give brief details)

LIMOSA E-NEWS: Tick this box if you do not want to receive our e-newsletter (3/4 times a year)

• Have you remembered to sign & date the booking form?

• Please make cheques payable to 'Limosa Holidays'.

• Send your payment with the completed booking form to:

Limosa Holidays West End Farmhouse, Chapelfield, Stalham, Norfolk NR12 9EJ
 TEL: 01692 580623 FAX: 01692 580624 E-MAIL: bookings@limosaholidays.co.uk