

BOOKING FORM

PLEASE COMPLETE THE BOOKING FORM IN BLOCK CAPITALS AND RETURN TO US AS SOON AS POSSIBLE

Miss/Ms/Mrs Date
Address
.....
Name of Tour
Departure Date
Name In Full (must be exactly the same as shown in your passport)
.....
Passport Number Place of Issue
Issued On Expiry Date
Date of Birth Occupation
Home Tel. No Work
Mobile No Email
Single Room Required (Cost £250) Yes No

*Please inform us of any special dietary requirements

*Please inform us of any medical conditions that may affect your travel

I confirm that I have read, understood and accept the booking conditions between myself and TIGER TRAVEL. I accept that I am personally responsible for fulfilling the necessary immigration and medical requirements/vaccinations.

Signed

TIGER TRAVEL
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