

**BOOKING FORM** All sections to be completed



TOUR: \_\_\_\_\_ DATE OF DEPARTURE: \_\_\_\_\_

DEPARTURE AIRPORT (if choice available): \_\_\_\_\_

**\*\* All details below must be as shown in your passport \*\***

Title	Surname	First Name (s)	Date of Birth	Passport No.	Nationality	Date of Issue	Date of Expiry	Country of Issue

Postal address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Fax: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_

Accommodation: Double  Twin  Single

**SINGLE PASSENGERS:** We will attempt to find a suitable person if you wish to share a twin room. Please indicate if you require this facility YES/NO. If this is not possible, the single supplement will apply.

**Insurance:** To travel on one of our tours you must be adequately insured.

Name of your Travel Insurance company: \_\_\_\_\_ Policy no: \_\_\_\_\_

Special requests (dietary requirements etc) \_\_\_\_\_

Preferred badge name(s): \_\_\_\_\_

**PAYMENT** Booking and payment on-line option available through our website [www.fieldfarmtours.co.uk](http://www.fieldfarmtours.co.uk)

**For bank transfer:** Please request the details and we will send them to you directly

**For credit/debit card payments:** Please use our [‘Manage My Booking’](#) secure system by entering your email address and 4-digit booking reference provided on your proforma invoice. If you do not have a reference number, please request one.

Alternatively, please give us a call, so we can process your details securely over the phone.

Cardholder's name: \_\_\_\_\_

Card registered address: (if different from above) \_\_\_\_\_

**AGREEMENT:** I have read and agree to accept the booking conditions **Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please send the completed form and deposit to:** FIELD FARM TOURS LTD, Field House, 3 Stephenson Court, Stephenson Way, Newark, Notts. NG24 2TQ