

BOOKING FORM

Siragusa Tours Ltd

www.siragusatours.co.uk

Dates		Studytour Title	
I wish to book	Deposit		Total
place(s)	£ 75 (per person)	£	(payable to Siragusa Tours Ltd)

1st Participant	Title		Surname	(as on passport)			
First Name(s)	(as on passport)		Address				
	Post Code		Email				
Tel			Mobile				
Emergency contact details	Name:		Smoker	YES / NO			
	Tel No:		Age	20+	40+	66+	80+
Dietary, health or mobility requirements	Mobile:		LRAC number (if applicable)				
			Single room	YES / NO			

2nd Participant	Title		Surname	(as on passport)			
First Name(s)	(as on passport)		Address				
	Post Code		Email				
Tel			Mobile				
Emergency contact details	Name:		Smoker	YES / NO			
	Tel No:		Age	20+	40+	66+	80+
Dietary, health or mobility requirements	Mobile:		LRAC number (if applicable)				
			Single room	YES / NO			

Travel	Siragusa Tours nominated flight/train	YES / NO	Independent travel	YES / NO
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BOOKING AUTHORISATION	
I agree to accept the booking conditions on behalf of myself and others included on this form	
Signature	Date

For Office use only

Date:	Amount:	Cheque details	Initials: