|  |
| --- |
| BOOKING FORM *Siragusa Tours (trading name of Wei House Ltd)* |

|  |  |  |  |
| --- | --- | --- | --- |
| Dates |  | *Studytour* Title |  |
| I wish to book | Deposit |  | Total  |
| place(s) | £ 75 (per person) |  | £ payable to **Wei House Ltd**  Acc No 33578941 Sort Code 20-40-71 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1st Participant | Title |  | **Surname** | (as on passport) |
| **First Name(s)** | (as on passport) | Address |  |
|  |
|  | Post Code |  | Email |  |
| **Tel** |  | Mobile |  |
| Emergency contact details | **Name:****Tel No:****Mobile:** | Are you an OU student?  | YES / NO |
| **Age at time of travel**  |  |
| **Dietary, health or mobility requirements** |  | Date of Birth  |  |
| **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:****Tel No:****Mobile:** | Are you an OU student?  | YES / NO |
| **Age at time of travel**  |  |
| **Dietary, health or mobility requirements** |  | Date of Birth  |  |
| **Single room**  | YES / NO |

|  |
| --- |
| Booking Authorisation |
| **I agree to accept the booking conditions on behalf of myself and others included on this form****Signature ……………………………………………………………. Date ……………………………………………..** |

|  |
| --- |
| I WISH TO RECEIVE THE SIRAGUSA TOURS NEWSLETTER YES / NO |

###### For Office use only

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:** | **Amount:** | Cheque details |  | **Initials:** |
|  |

Siragusa Tours, Unit 26, JBJ Business Park, Northampton Road, Blisworth, Northants, NN7 3DW, UK

**Tel: 01604 858 818, e-mail info@siragusatours.co.uk, www.siragusatours.co.uk**