

# Booking Form



Please complete this form, printing clearly. Save/print & scan the completed form and email to: [montessoritoursandtravel@gmail.com](mailto:montessoritoursandtravel@gmail.com)

Please also send a copy of your passport photo and details page.

## DETAILS

Tour name and date \_\_\_\_\_

Your title (Ms, Mrs, Mr, Dr, etc.) \_\_\_\_\_

Your full name as it appears in your passport \_\_\_\_\_

Preferred first name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Postal Address \_\_\_\_\_

Email \_\_\_\_\_

Phone / Mobile \_\_\_\_\_

Nationality \_\_\_\_\_ Place of Birth \_\_\_\_\_

Emergency Contact Name (not travelling with you) \_\_\_\_\_

Relationship to you \_\_\_\_\_ Contact Number \_\_\_\_\_

Dietary Requirements or Allergies \_\_\_\_\_

Please indicate below if you have any serious health issues that may affect your physical capacity to undertake some activities on tour or may otherwise need to be considered by the tour leader during the tour \_\_\_\_\_

Please list any special requirements \_\_\_\_\_

Room Preference  Single  Double  Twin Share

## YOUR ACCEPTANCE OF BOOKING CONDITIONS AND TERMS AND CONDITIONS

I have read the information about the physical requirements of the tour in the itinerary and confirm that I am able to meet these requirements.

I have read, accept and agree to the Terms & Conditions of Montessori Tours and Travel tours and the inclusion and non-inclusions listed in the itinerary for this tour.

Montessori Tours and Travel reserves the right to decline the booking or terminate the holiday of any traveller.

Signed \_\_\_\_\_ Date \_\_\_\_\_