

Booking Form



Please complete this form, printing clearly. Save/print & scan the completed form and email to: 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

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.

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

Signed _____ Date _____

