Part III. BOOKING FORM

Please fill in below form and send it back to us. (If more than four persons are participating in the same trip – please complete a further booking form)

|  |  |  |  |
| --- | --- | --- | --- |
|  | First Person | Second Person | Third Person |
| NAME:  |  |  |  |
| ARRIVAL DATE & TIME: |  |  |  |
| DEPARTURE DATE & TIME: |  |  |  |
| SELF-DRIVING: |  |  |  |
| PICK UP TIME/VENUE: |  |  |  |
| GER’s CATEGORY*:* |  |  |  |
| SHOE SIZE: (only requested if you booked a Semi-Deluxe or Deluxe ger) |  |  |  |
| ACTIVITIES BOOKED ADVANCED: |  |  |  |
| VISA ASSISTANCE REQUIRED: |  |  |  |
| Whom may we contact in case of an emergency: |  |  |  |
| Citizenship: |  |  |  |
| Birth date: |  |  |  |
| State of Health Height  |  |  |  |
| Weight |  |  |  |
| Sex \_\_\_\_\_\_\_\_\_\_ \_  |  |  |  |
| If you have any special medical needs or allergies, please describe: |  |  |  |
| Do you have any other special dietary needs or preferences? Please describe.  |  |  |  |
| Is there anything else we should be aware of regarding your health and well-being? |  |  |  |
| *Insurance details:*Travel Insurance Company name |  |  |  |
| Insurance policy No. |  |  |  |
| Emergency telephone No. |  |  |  |
| Other information that you would like to share that may have a bearing on the trip, and that may help us make your holiday more comfortable and enjoyable. |  |  |  |

*Trip Arrangements:*

The cost of your trip has been calculated on the basis of double occupancy hotel/ger rooms. If you do not want to share accommodation with another member of your group you will be charged for the Single Supplement. Please advise us accordingly and we will do our utmost to ensure that your requests are honored.

If you want to share accommodation with a named person in your group please write his or her name.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Herewith I declare that all above information is correct, that I have read and accepted the above Booking & Payment Conditions.