interlude tours Reservation Form: Departure date : Tour name: Please complete this form carefully and return it to our office as soon as possibly to assist us to smooth the way for your participation in your chosen Interlude Tour. **Passenger Details Second Passenger Details** LAST NAME: LAST NAME: (As per passport) (As per passport) FIRST NAME: FIRST NAME: (As per passport) (As per passport) (Mr/Mrs/Ms/Miss) (Mr/Mrs/Ms/Miss) PREFERRED 1ST NAME: PREFERRED 1ST NAME: (For tour) OCCUPATION: ___ OCCUPATION: PASSPORT NO: PASSPORT NO: PLACE OF ISSUE: PLACE OF ISSUE: ___ DATE OF ISSUE: DATE OF ISSUE: PASSPORT EXPIRY DATE: PASSPORT EXPIRY DATE: COUNTRY OF BIRTH: COUNTRY OF BIRTH: NATIONALITY: NATIONALITY: (As per passport) (As per passport) DATE OF BIRTH: DATE OF BIRTH: PLACE OF BIRTH: PLACE OF BIRTH: ____ HOME ADDRESS (incl postcode):_____ TEL: EMAIL ADDRESS: ACCOMMODATION: ☐ Single (single supplement applies) □ Share With __ ANY SPECIAL REQUIREMENTS NEEDING INTERLUDE TOURS ATTENTION. Such as diet, allergies, etc. Next of kin: NAME RELATIONSHIP: PHONE NUMBERS: DAY [] NIGHT [] ADDRESS:

Night Before Departure Contact: It is absolutely essential that you advise us of your contact the night before departure. Our escorting staff need to locate you should there be any sudden change of plans, e.g. aircraft delays or earlier

Should you not know at the time you complete this document then please advise us as soon as you know.

LOCATION ADD	DRESS:	(If hor	me- w	rite at ho	ome@)	 	 	Tel []	
					_					

I/We have read, understood terms & conditions and completed documents and accept responsibility for our responses.

Signature: Date: Second Passenger Signature: Date:

ENCLOSED IS A CHEQUE/CREDITCARD AUTHORITY FOR \$.....per person BEING DEPOSIT FOR THIS RESERVATION