

Booking Reference

Title: _____ Initials: _____ Surname: _____

Client
No:

Address: _____

Telephone: _____

_____ Town: _____

Mobile: _____

County: _____ Post Code: _____

Email: _____

Tour Title

Dates

1		
2		

Travellers Names

Give your name as you would wish it to be given to other travellers.

Room Type

	Title	Initials	Known Name	Surname	Twin	Double	Double/Twin for Sole Use	Single
1								
2								

Flights: Unless otherwise advised, flights will be reserved with the group upon receipt of your booking form and these may not be changeable at a later stage. For Ireland and UK destinations it may be possible to fly from another UK airport. Please provide BA Executive Club membership numbers if appropriate.

Passport Details

In case of emergency & for airline tickets – Names must be as they appear in your passport

	Title	Surname	First Names	Date of Birth
1				
2				

	Place of Birth	Nationality	Passport Number	Date of Issue	Place of Issue	Date of Expiry
1						
2						

Fellow Traveller If you have made a booking for someone who does not have the same address as yourself, please give their address here. We shall then send correspondence, invoice and documents directly to them, unless you indicate otherwise:

Name: _____

Telephone: _____

Address: _____

Email: _____

_____ Post Code: _____

Your Next of Kin (In case of Emergency)

Your Fellow Traveller's Next of Kin (if different)

Name:		Name:	
Relationship:		Relationship:	
Home Tel No:		Home Tel No:	
Mobile Tel No:		Mobile Tel No:	

Please turn over.....

BOOKING FORM (Continued)

Travel Insurance

All tour participants must have adequate travel insurance cover (except for UK trips) as a condition of your booking and must not travel against medical advice. For UK trips, you are recommended to have insurance which provides cover for cancellation and lost or damaged personal possessions.

Please complete the relevant details below – or if not known at present please advise at least 4 weeks before travel

	Insurance Company	Policy Number	Emergency Assistance/ Contact Telephone No
1			
2			

Other Information If there is any other information, such as dietary requirements, please enter it here.

Payment - Deposit(s) - Non Refundable (See brochure/individual tour practicalities on web site for deposit)

_____ @ £ _____ per person: **TOTAL** £ _____

Full payment is required if you are booking within eight weeks of departure

Method of Payment - please tick:

- Cheque:** Please enclose a cheque payable to **CICERONI TRAVEL**
- Bank Transfer:** Please arrange a bank payment to the account details below and use your Surname as Reference.

Account Name: CICERONI Travel

Bank: Santander UK plc

Account No: 81961984

Sort Code: 09-07-24

IBAN No: GB70 ABBY 0907 2481 9619 84

SWIFT/BIC No: ABBYGB2LXXX

- Debit or Credit Card:** I wish to pay by the debit/credit card – We will contact you by phone to take payment.

Mailing Preferences:

We would like to keep you informed about our tours via email. We will not pass on your email to 3rd parties and only use it to send you a monthly eNewsletter in addition to correspondence concerning your booking. Please tick the box below to receive the eNewsletters:

- Yes – Please send me the monthly eNewsletter**

I have read & accept the Booking Conditions on behalf of all persons listed on this form. A summary of the Booking Conditions are contained within the Brochure with the full version published on our website or available on request. I also agree that this acceptance of the Booking Conditions applies, for all persons listed, to any future booking I make with Ciceroni Travel unless and until the Booking Conditions materially change. I understand that Ciceroni Travel will notify me before or at the time of booking where this is the case.

Signature _____ Date _____

Please return the completed booking form and payment to:

CICERONI TRAVEL, 2 The Square, Aynho, Banbury, OX17 3BL

Telephone +44 (0) 1869 811167 info@ciceroni.co.uk www.ciceroni.co.uk