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| BOOKING FORM *Siragusa Tours Ltd www.siragusatours.co.uk* |

|  |  |  |  |
| --- | --- | --- | --- |
| Dates |  | *Studytour* Title |  |
| I wish to book | Deposit |  | Total  |
| place(s) | £ 75 (per person) |  | £ (payable to Siragusa Tours Ltd) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1st Participant | Title |  | **Surname** | (as on passport) |
| **First Name(s)** | (as on passport) | Address |  |
|  |
|  | Post Code |  | Email |  |
| **Tel** |  | Mobile |  |
| Emergency contact details | **Name:****Tel No:****Mobile:** | Are you an OU student?  | YES / NO |
| **Age at time of travel**  | **18+ 26+ 60+ 65+ 80+**  |
| **Dietary, health or mobility requirements** |  |   |  |
| **Single room**  | YES / NO |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2nd Participant | Title |  | **Surname** | (as on passport) |
| **First Name(s)** | (as on passport) | Address |  |
|  |
|  | Post Code |  | Email |  |
| **Tel** |  | Mobile |  |
| Emergency contact details | **Name:****Tel No:****Mobile:** | Are you an OU student?  | YES / NO |
| **Age at time of travel**  | **18+ 26+ 60+ 65+ 80+**  |
| **Dietary, health or mobility requirements** |  |   |  |
| **Single room**  | YES / NO |

|  |  |  |  |
| --- | --- | --- | --- |
| Travel  | Siragusa Tours nominated flight/train YES / NO | **Independent travel**  | YES / NO |
| In Case we can’t get hold of you do you authorise us to book you on the NOMINATED FLIGHT ? YES / NO |

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| Booking Authorisation |
| **I agree to accept the booking conditions on behalf of myself and others included on this form****Signature ……………………………………………………………. Date ……………………………………………..** |

###### For Office use only

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:** | **Amount:** | Cheque details |  | **Initials:** |
|  |

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