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

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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** |  | |
| **Dietary, health or mobility requirements** | |  | | | | | | | | | | Date of Birth | |  |
| **Single room** | | YES / NO |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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** |  | |
| **Dietary, health or mobility requirements** | |  | | | | | | | | | | Date of Birth | |  |
| **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 ……………………………………………..** |

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| I WISH TO RECEIVE THE SIRAGUSA TOURS NEWSLETTER YES / NO |

###### For Office use only

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

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