

Client Booking Form



Freephone: 0800 534 787

Tour Name: _____ Tour Departure Date: _____

Client 1 Name: _____
(as per passport)

Client 2 Name: _____
(as per passport)

Preferred Name: _____

Preferred Name: _____

Date of Birth: _____

Date of Birth: _____

Passport No: _____

Passport No: _____

Expiry Date: _____

Expiry Date: _____

Nationality: _____

Nationality: _____

Please list any special **Dietary Requirements:**

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Health Declaration:

- I consider myself fit to travel and am not travelling contrary to medical advice
- I have received advice on any applicable vaccinations required for this destination

Current medical condition or medication we need to be aware of in case of emergency: _____

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Travel Insurance please check one of the following boxes:

- Please issue a travel insurance quote.
- I have elected to arrange my own travel insurance cover, and I therefore accept full responsibility:
- For reading and understanding the policy conditions and obligations.
 - Should the insurance prove insufficient for my needs.
 - In the event of a claim, should I require documentation from Leisure Time Tours, I understand that I may be charged a fee for this additional service.

I have read and understood the booking terms and conditions as described in the brochure/itinerary.

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Signed: _____

Signed: _____

Date: _____

Date: _____

Home Address: _____

Daytime Number: (0) _____ Evening Number: (0) _____

Mobile Number (0) _____ E-mail Address: _____

Emergency Contact Name: _____ Phone No: (0) _____

Address: _____

Accommodation: please check one of the boxes below. If twin or double please state the name of the person sharing:

Single Room Twin Room Double Room _____

Do you have and **Special Rooming Requirements** e.g. Smoking, Non Smoking, Downstairs etc:

(please note that some hotels are 100% smoke free and smoking is only permitted outdoors)

I enclose a cheque for my/our deposit of: \$ _____ per person **OR**

I authorise you to take my/our deposit of: \$ _____ per person from my credit card as below

Please check one of the following boxes: VISA MASTERCARD

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Name of Bank: _____ Expiry Date: _____

Cardholders Name: _____

Signature: _____ Today's Date: _____