

Name & Address of Passanger OR Travel Agency

Name _____ Agent Reference _____
 Address _____ Agents IATA / Partner ALETOUR _____
 _____ Post Code _____ Departure date _____
 Tel. _____ Fax _____ Return date _____
 E-mail address _____

Passanger details

Title	Initials	Surname	Date of birth	Nationality

Program details
 Program _____ days _____ nights _____ extra night _____

Room Type	Check in	Check out	Extra night Arrive	Extra night Departure
			Loc: Date:	Loc: Date:

Optional Tours / Add On destination

Special Request (non smoking / vegetarian / wheelchair request etc. Etc.)

Insurance
 All passangers will automatically be covered by our insurance unless you delete YES on the booking form.
 If you choose to take out alternative insurance, whic must provide cover at least equal to our policy, please
 write the insurer,s name below. YES
 Insurer,s Name _____

Payment:
 Price per person DBL _____ x _____ person = Total _____ Deposit 35% _____
 Price per person SGL _____ x _____ person = Total _____ Deposit 35% _____
 Price per person TPL _____ x _____ person = Total _____ Deposit 35% _____

Declaration: I confirm that I have read the conditions of booking and the general information whic I accept on benhalf of myself and the persons named above.
 I am over the age of 18 and I understand That the deposits are now non-refundable in the event of my cancellation.

Signed _____
 Date _____