

The Walking Party Booking Form 2010

Name of Walk:	Date of Walk:

Traveller Details: All information provided must be as it appears in your passport.

Title	First Name	Surname	Date of birth
1.			
2.			
3.			
4.			

Type/N° of rooms required*	Shower/bath**	Advertised holiday price:	Single supplement:
Twins:	Doubles:	Singles:	

* Please indicate your preferred room type although your choice **cannot be guaranteed** and is subject to availability on arrival. This does not concern single travellers sharing twins.
 **Please indicate your preference for bath or shower but note that most rooms in France and Italy are with shower.

Contact Address: Details of the person signing the form to whom all correspondence will be sent. For additional invoices, please complete a separate booking form.

Name: _____

Address: _____

Tel (day): _____ **Tel (eve):** _____ **Tel (mob):** _____

Email: _____ **Fax:** _____

Emergency contact whilst on holiday:

Other information: Please indicate if any traveller has any special dietary requirements or relevant medical conditions.

Dietary Requirements: <small>(Vegetarian, allergies ...)</small>	
Medical Conditions: <small>(See Booking Terms & Conditions)</small>	
Hobbies/Interests:	

FOR CREDIT CARD BOOKINGS PLEASE EMAIL JAMES AND DIANA: james@walksfrance.com

Payment by bank transfer to:
 RAYNAL VOYAGES
 Bank: CAISSE D'EPARGNE
 42 rue Georges Clémenceau, 46000 Cahors, France
 Acc. No. : 08106653344
 Clé RIB: 47
 IBAN: FR76 1313 5000 8008 1066 5334 447
 BIC/SWIFT: CEPAFRPP313

Full payment: €.....
 (Full payment is required if you are booking within eight weeks of departure)

I will transfer **deposit** for persons at €360 per person:

- I HAVE READ AND AGREE THE TERMS AND CONDITIONS ON BEHALF OF ALL LISTED ABOVE
- I CONFIRM THAT EVERY TRAVELLER HAS ADEQUATE TRAVEL INSURANCE

Signed Date.....

Send to: Florence Raynal, The Walking Party, c/o Raynal Voyages, 48 bd Gambetta, 46000 Cahors, France.