

The Walking Party Booking Form 2009

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:		
Postcode:		
Tel (day):	Tel (eve):	Tel (mob):
Email:	Fax:	

Emergency contact whilst on holiday:
Name:
Tel:
Relationship:

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>	
Other:	

Payment: Cheques should be made payable to: THE WALKING PARTY LTD.

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

I enclose a cheque for **deposits** 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
- I ENCLOSE A CHEQUE PAYABLE TO: THE WALKING PARTY LTD

Signed Date.....

PLEASE SEND THE COMPLETED BOOKING FORM TOGETHER WITH YOUR CHEQUE TO:
James and Diana Tamlyn, The Walking Party, Lario, 46800 Ste Croix, France