



TOURS BOOKING FORM

SURNAME (BLOCK CAPITALS) AS SHOWN IN PASSPORT	FORENAME	TITLE	SEX (M/F)	DATE OF BIRTH	NATIONALITY	PASSPORT NUMBER	DATE/PLACE OF ISSUE	DATE OF EXPIRY	EMAIL ADDRESS (REQUIRED)

CONTACT DETAILS

Details of person signing this form (to whom all correspondence will be addressed)

NAME

ADDRESS

MOBILE (phone number you will travel with)

TRAVEL INSURANCE

It is essential that you have adequate travel insurance for yourself and those travelling with you. Each policy must include full cover for medical costs and repatriation in the event of emergency whilst abroad and for the cancellation of curtailment of your holiday. In the event of cancellation the charges detailed in our booking conditions will apply. TUB Tours takes no responsibility for the failure to take up insurance.

PAYMENTS Cheques should be made payable to The Urban Birder Ltd. Full payment must be sent with this booking form if your booking is made within 10 weeks of departure.

	PAYMENT DATE	PER PERSON	TOTAL
TOTAL			
DEPOSIT			
BALANCE			

TRIP DETAILS

DESTINATION(S):

TRIP NAME:

DEPARTURE DATE

END DATE

TYPE & NO. OF ROOMS REQUIRED:

SINGLES* TWINS DOUBLE TRIPLES

* Single supplement may apply – check tour details or contact us.

EMERGENCY CONTACT

NAME

RELATIONSHIP

CONTACT TEL NO.

EMAIL

HOW DID YOU HEAR ABOUT The Urban Birder Tours?

BANK TRANSFERS

BANK: Barclays
 Account name: The Urban Birder
 Account No: 60834211
 Sort Code: 20-78-98
 Swift: BARCGB22
 IBAN: GB20BARC20789860834211

(NOTE: Customers are responsible for any bank charges incurred. In most cases, UK bank transfers are free of cost.)

I have read and understood The Urban Birder Tours Booking Conditions. I am a member of the party travelling above, confirm that I accept the prices quoted and that I am included in this booking whether named or not. I further understand that I have sole responsibility for ensuring that our passports are valid for at least 6 months beyond the date of our return and for obtaining all necessary visas unless specifically agreed otherwise.

SIGNATURE

NAME

DATE

SPECIAL REQUESTS (Dietary requirements or other special requests)