

EQUINOX TRAVEL

BOOKING FORM

Please complete this form in **BLOCK CAPITALS** and return it to us with your payment.

Mr/Mrs/Ms _____
FIRST NAMES _____
SURNAME _____
DATE of BIRTH _____
Nationality _____
PASSPORT No. _____
PLACE of ISSUE _____
DATE of ISSUE _____

ADDRESS for Correspondence

Daytime telephone: _____
Evening telephone: _____
E-Mail address: _____

Type of room required:

Twin/Double: _____

Single: _____

PAYMENT

Cheque enclosed for _____ deposit (s) @ £250 per person/full payment £

Insurance premium(s) £

Total £

Credit Card Payments

I wish to pay by Switch/Visa/MasterCard/American Express; please charge to my account.

Card Number _____ Expiry Date _____

Please Debit _____ from my card

Cardholder's

Signature _____

Cardholder's Name and Billing Address:

I have read the Conditions of Booking and Insurance and agree on behalf of all persons listed above by whom I am authorised to make this agreement.

Signature

Date

EQUINOX TRAVEL LIMITED
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