

# 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**  
38a, Museum Street, London WC1A 1LP  
Tel. 020 7381 4888 Fax: 020 7831 3530 E-mail: info@equinoxtravel.co.uk