



# Booking form

When you have decided on your holiday, please complete this form in black pen using block capitals and send it to us at...

**The Travelling Naturalist,**  
Capitol House, 12-13 Bridge Street,  
Winchester, Hampshire, SO23 0HL, UK

...or email a picture or scan of it to  
**sales@thetravellingnaturalist.com**

## Please note

Use additional forms if your party has more than 3 people.

\* All room types are subject to availability. **Single** rooms may incur a supplemental charge. You may indicate your preference to avoid such a charge by requesting one or more **male** or **female shared** rooms.

## What happens next

- 1 We will confirm your holiday, take a deposit, and send relevant information to you about your trip as appropriate.
- 2 Your final payment must be made no later than **12 weeks** prior to departure, or earlier if we advise you.
- 3 We will send you your tickets and joining information approximately **1 month** before you travel.

## 1. Your trip

Tour name		Departure date			
Total travellers in your party	Enter the number of each of your preferred room types*				
	Single rooms	Male shared rooms	Female shared rooms	Twin rooms	Double rooms

## 2. Booking conditions

<input type="checkbox"/>	On behalf of all persons listed here, I have read and accept The Travelling Naturalist's booking conditions as set out at <a href="http://thetravellingnaturalist.com/booking/conditions">thetravellingnaturalist.com/booking/conditions</a>	Today's date
Signature		

## 4. Lead passenger (P1) contact details

Email address		Home phone	Mobile
Postal address		Postal code	Country

## 5. Passport details

Please enter all details exactly as they appear on each passport...

	Title	First name	Last name	Date of birth	Nationality	Passport number	Issue date	Expiry date
P1								
P2								
P3								

## 6. Additional details

	Dietary requirements	Medical conditions	Special requirements
P1			
P2			
P3			

## 7. Travel insurance

It is a condition of joining our holidays that each person must be fully insured against medical and personal accident risks...

	Insurance company	Policy number	Insurer's 24 hour emergency phone number	With medical/repatriation cover? (enter 'Yes' or 'No')
P1				
P2				
P3				

## 8. Emergency contact details

Please supply contact details for at least one person in your home country...

	Relationship to person	First name	Last name	Home phone	Mobile
P1					
P2					
P3					