

# CATSWHISKERSTOURS LIMITED

## BOOKING FORM

**OFFICE USE ONLY**

Tour Code

Bkg Ref

Ins.

<b>TITLE OF TOUR</b>
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<b>DATES</b> From:  To:
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Title	Preferred first name	Surname	Room			Date of Birth (Required information) dd/mm/yy
			Single	Twin	Double	
1.						
2.						
3.						
4.						
5.						
6.						

ADDRESS OF PERSON MAKING BOOKING	Telephone (day)
	Telephone (eve)
	Mobile
	Tel. no. 24 hours prior to departure
	Fax
	Postcode

PASSPORT DETAILS FOR VISITORS FROM OVERSEAS				
Surname (as on passport)	First names (as on passport)	Nationality	Passport Number	
1.				
2.				
3.				
4.				
5.				
6.				
Date of Issue	Date of Expiry	Place of Issue	Place of Birth	Name and telephone number of person we should contact if you were to fall ill
1.				
2.				
3.				
4.				
5.				
6.				

Does any person on this booking form have a medical condition of which we should be advised? See standard booking conditions.	SPECIAL REQUESTS (diet etc.) See frequently asked questions.
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**Please remember to sign this form**

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