

# TravelScope Worldwide Limited

P.O. Box 158, Guildford, Surrey GU4 7GE, England  
Tel: 01483 569453, Fax: 01483 569466

## BOOKING FORM

Please complete the Booking Form in Block Capitals

Lead

Name: .....

Address: .....

.....

.....POST CODE.....

TELEPHONE: (day).....(evening).....Client Emergency tel. contact no.....

Mr. Mrs. Ms. Miss	Surname	Initials	Age if Under 12	Type of room single/twin/double	Departure Date & Tour Ref

Special Requirements. Please inform us of any disability	Smoker/Non-smoker

Please tick (where applicable):

	Number requested
Single Supplement	
Optional Excursions: Please specify: ..... ..... ..... .....	

REMITTANCE: Please make cheque payable to: TravelScope Worldwide Ltd Clients Account.

TOTAL

Deposit per person: £ 75	Number of passengers:	£
Single Supplement	Number of passengers	£
Other services	Number of passengers requesting optional tours:	£
	<b>Total Enclosed</b>	<b>£</b>

I have read and understood the Booking Conditions as detailed. I accept that all persons listed are responsible for fulfilling all travel insurance and immigration requirements where applicable. I am over 18 years of age.

Signed..... Date.....