

ALISON WEIR TOURS LTD.

GLORIANA TOUR BOOKING FORM

TOUR DATE 13th SEPTEMBER 2012 – 22nd SEPTEMBER 2012

Please fill in this form using blue or black ink and block capitals.

Please tick to show how you heard of the tour:

- Alison Weir's website
- Word of mouth
- Press
- Other (please specify)

Your contact details (Principal Traveller):

First Name _____

Last Name _____

Male/Female

ADDRESS

Name and Number _____

Street _____

Town/City _____

County State _____

Postcode/Zip _____

Country _____

Home Phone _____
(inc. international dialling code)

Cell Phone _____
(inc. international dialling code)

Email Address _____

Please state number of people travelling in your party: _____

Names of additional travellers:

Please fill in details of additional travellers on attached sheet.

Contact name and number of someone AWT can contact in an emergency while you are on the tour:

Name _____

Cell Phone _____
(inc. international dialling code)

Email Address _____

Do you require a double room? Yes/No

Do you require a twin room? Yes/No

Do you require a single room? Yes/No

Do you have any special requirements?

PAYMENT

Per Person	Full Cost	Deposit
Tour Cost – Double Occupancy	£4250	£637.50
Tour Cost – Single Occupancy	£4800	£720.00

A 15% non-refundable (as specified in Terms and Conditions) deposit per person is payable on signature of this form, the balance of 85% being due 120 days prior to the commencement of the tour.

Payment is by money transfer to AWT’s account or by PayPal. Details will be sent to you personally on AWT’s receipt of signed booking form.

- Please tick this box to confirm that you have read and agree to the terms of cancellation in the booking form.

Please sign this form and return to:

By post: AWT, 14 Vernon Street, London W14 0RJ
By FAX: 00 44 207 471 7910
Email: please print off and fill in the form then scan and send to alisonweirtours@hotmail.co.uk

IF YOU RETURN A FORM BY FAX OR EMAIL PLEASE SEND A HARD COPY BY POST AS WELL.

.....
Signed

.....
Print name

.....
Date

ADDITIONAL TRAVELLERS

Additional Traveller 1

First name: _____

Last name: _____

Male/Female

Address

House Name and Number _____

Street _____

Town/City _____

County/State _____

Postcode/Zip Code _____

Country _____

Home Phone _____
(inc international dialling code)

Mobile Phone _____
(inc international dialling code)

Email Address _____

Additional Traveller 2

First name: _____

Last name: _____

Male/Female

Address

House Name and Number _____

Street _____

Town/City _____

County/State _____

Postcode/Zip Code _____

Country _____

Home Phone _____
(inc international dialling code)

Mobile Phone _____
(inc international dialling code)

Email Address _____

Additional Traveller 3 _____

First name: _____

Last name: _____

Male/Female

Address

House Name and Number _____

Street _____

Town/City _____

County/State _____

Postcode/Zip Code _____

Country _____

Home Phone _____
(inc international dialling code)

Mobile Phone _____
(inc international dialling code)

Email Address _____