BOOKING FORM

for RUFUS READE TOURS

PLEASE USE BLOCK LETTERS

	DATES			
TRAVELLERS' NAMES				
TITLE	USUAL FIRST NAME	LAST NAME		
1 2				
ADDRESS FOR CORRESPONDENCE		OF FELLOW TRAVELLER RENT FROM 1.)		
		·-···		
POST CODE		POST CODE		
TELEPHONE (HOME)	TELEPHOI	NE (HOME)		
MOB	 MOB			
EMAIL	EMAIL			
In order to travel, your passport sh	nould have at least 6 months val	lidity from the date of your proposed return		
PASSPORT DETAILS	PASSPOR	T DETAILS		
LAST NAME	LAST NAM	LAST NAME		
FIRST NAME	FIRST NAM	FIRST NAME		
DATE OF BIRTH	DATE OF E	DATE OF BIRTH		
PLACE OF BIRTH	PLACE OF	PLACE OF BIRTH		
NATIONALITY	NATIONAL	NATIONALITY		
PASSPORT NUMBER	PASSPOR	PASSPORT NUMBER		
PLACE OF ISSUE	PLACE OF	PLACE OF ISSUE		
DATE OF ISSUE	DATE OF I	DATE OF ISSUE		
DATE OF EXPIRY	DATE OF E	DATE OF EXPIRY		
Please give an additional contact in				
Name:	Telepho	one:		

ROOM REQUIREMENTS	Complete as applicable		
ROOM REQUIREMENTS	Complete as applicable		
	a) I want to share with		
SINGLE DOUBLE TWIN SHARE	b) I would like to share a twin room if possible. However, I		
Special requests / diets	am willing to pay a single room supplement if room sharing is not possible. Yes / No		
INSURANCE All travellers on Rufus Reade Tours must hold adequate travel insurance to protect against illness (with repatriation in the event of serious injury or illness), cancellation or loss. Insurance purchased in the UK is available only to UK residents. Those living outside the UK must obtain their own insurance from a broker in their own country. Some insurers are now refusing to insure for travel to particular countries. Please ensure that your insurer covers your destination! We are unable to sell travel insurance, however we are happy to recommend a number of highly rated companies who regularly receive excellent reviews from Which? Magazine. Amongst the insurance companies we might mention LV, Saga and Age UK (with no upper age limit) and will provide insurance despite existing medical conditions (which should be declared) Telephone 0845 600 3348 or http://www.ageuk.org.uk/buy/age-uk-travel-insurance/.			
Before you travel please provide us with details			
(you may wish to do this after we have confirmed the tour)			
Insurance Company Policy No Effective dates			
Insurance Company's emergency telephone no			
PAYMENT Please send your deposit (see itinerary for amount of deposit) for each person travelling with the completed booking form to Rufus Reade Tours. On receipt of your deposit we will acknowledge the deposit and once the tour has been confirmed we will write to you to let you know. We will invoice you for the cost of the holiday and the balance is due 8 weeks before departure.			
By cheque payable to Rufus Reade Tours: £ (amount) OR Bank Transfer to Account No 69431694 Sort			
Code 08-92-99, The Co-operative Bank. Please use the Tour Country name and your surname as your reference.			
1.			
"I have read and accepted the booking conditions of Rufus Reade Tours. Where I am signing on behalf of my travelling companion, I am authorised to do so"			
Signed Date			
This booking form and deposit should be sent to Rufus Reade Tours at the undernoted address.			
Please make all enquiries to:			
RUFUS READE TOURS			
40 PILRIG STREET, EDINBURGH, EH6 5AL			
Tel: 0131 554 1078			

Email: RufusReade@blueyonder.co.uk