

Please complete in BLOCK CAPITALS

Please reserve me place(s) on the following Balkania B-BS Tour(s)	Booking Ref:	Departure Airport
Tour Name and Code:	Tour Dates:	
Alternative Choice:	Tour Dates:	

NAMES AS PER PASSPORT

Title	Forenames	Surname	Name you wish to be known by	Address for correspondence (of the person signing the Form)
				Address:
				Postcode:
				Email:
				Tel: Home:
				Tel: Mobile:

Booking Requirements
What kind of room would you prefer, if available? Please (√) where applicable. Single <input type="checkbox"/> Double <input type="checkbox"/> Twin <input type="checkbox"/>
I am travelling alone and would like to share a room with another tour participant, who is A Smoker <input type="checkbox"/> A Non-smoker <input type="checkbox"/>
Please note that if no one else is available for you to share with, we shall have to charge you the single supplement.

Travel Insurance is mandatory. We can advise if you require more information.
Please give the name and a 24-hour emergency telephone number of your insurance company:
Do any of those listed have any medical condition we should know about and/or which would prohibit full participation in the tour? No <input type="checkbox"/> Yes <input type="checkbox"/>
If "Yes" please give details:

Special Requirements: e.g. vegetarian	Name and telephone number of next of kin in case of emergency

I enclose my cheque calculated as follows:

• **Holiday Deposits*** for persons @ £300 per person (unless otherwise stated) ≈ £

(* Full payment is due if booking 8 weeks or less prior to departure) **TOTAL AMOUNT** ≈ £

Please make cheques payable to **Balkania Travel Ltd** and send with this Booking Form to the above address.

If paying by card: We accept Visa, Mastercard, Swich, JCB, American Express. For security compliance reasons please call us directly if you want to pay by card.

• Please note a 1.8% handling charge applies on credit card payments, 2.5% for AmEx.

I have read and accept the Balkania Travel B-BS Brochure and Booking Conditions and other information contained there in full.
I confirm that I am authorised to accept these conditions on behalf of all the above named persons.

(All correspondence will be sent to the person whose signature appears below).

Signature:	Date:
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PERSONAL DETAILS FOR AIRLINE ONLINE CHECK-IN - Please complete exactly as per passport in block letters
(If people wish to complete their own online flight check-in, they do not need to provide us with this information.)

Passenger 1

Title, Forenames, Surname

Nationality

Date of Birth

Passport Number

Date of Issue

Valid Till

Passenger 2

Title, Forenames, Surname

Nationality

Date of Birth

Passport Number

Date of Issue

Valid Till

Passenger 3

Title, Forenames, Surname

Nationality

Date of Birth

Passport Number

Date of Issue

Valid Till
