

Booking Form

(OFFICE USE ONLY						
ooking taken by							
Invoice no.							

PLEASE READ OUR TERMS & CONDITIONS AND GENERAL INFORMATION BEFORE COMPLETING THIS FORM. PLEASE WRITE CLEARLY IN BLOCK CAPITALS.

YOUR PERS	SONAL DETAILS											
Name					Email							
Home Address												
Postcode			Telephone				Mobile					
EMERGENCY CONTACT DETAILS						TOUR INFORMATION						
Name					Tour Code Departure Date DD/MM/Y							
					beparture bute							
Email	nil				Tour Name							
Telephone	e Mobile				Pick-up	Point		Drop-off Point	t			
DASSENC	ER INFORMATION											
Title	First Name As Per Passport	Surname As Per Passpoi	rt		D.O.B	Room Type Double/Twin/	Meal Veg / Jain /	Passport No.	Passport Ex. Date	Nationality		
Mr/Mrs/Ms	767 Ci Passport	NST CIT USSPOR				Triple/Single	Non-Veg		ex. Date			
DECLARAT	ION OF PAYMENT DETAILS											
Full payment i	s required within 4 weeks of your da required (40% for all other tours). I	te of travel if you a	re making a Coach T	our booking				s prior to date of trave UK please make chequ				
bookings from	USA or India please ask your travel	agent).	Credit Card/			cost of the total (if b	ooking from the	ok please make chequ	e payable to 3	tai Tours Etd, for		
Cardholder	s Name		DELETE AS									
Valid From	M M Y Y Expi	iry M M	YYIss	sue no.	S	ecurity Code				/ERSE OF CARD		
FOR AMEX PROVIDE 4 DIGITS ON THE FRONT I authorise Star Tours Ltd to deduct the amount shown from my card. I declare that on behalf of the person(s) named, I have read and accepted the Terms & Conditions and General Information												
Name Sta	Trours Lig to geduct the amount sh	own from my card.	i deciare that on bel	Date		A Maye read and ac	cepted the Tern	is & Conditions and Ge	neral Informat	ion		