

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 PERSONAL DETAILS									
Name			Email						
Home Address									
Postcode		Telephone			Mobile				
EMERGENO	EMERGENCY CONTACT DETAILS			TOUR INFORMATION					
Name	ame			ode		Departure Date			
Email	nail			Tour Name					
Telephone	one Mobile			Pick-up Point Drop-off Point					
DASSENC	ER INFORMATION								
Title	First Name	Surname	D.O.B	Room Type	Meal	Passport No.	Passport	Nationality	
Mr/Mrs/Ms	As Per Passport	As Per Passport		Double/Twin/ Triple/Single	Veg / Jain / Non-Veg		Ex. Date		
DECLARAT	ION OF PAYMENT DETAILS								
Full payment is holiday cost is £	s required within 4 weeks of your date of required (40% for all other tours). I encl	f travel if you are making a Coach Tour booking lose a Non-Refundable deposit of \$	g (6 weeks for towards the	all other tours). For cost of the tour (if b	bookings 4 weel ooking from the	s prior to date of trave UK please make chequ	l, a deposit of a e payable to S	25% of the tar Tours Ltd, for	
bookings from Cardholder	USA or India please ask your travel agen 's Name	Credit Card/Debit Ca DELETE AS APPLICAB							
Valid From	M Y Y Expiry	M Y Y Issue no.	Security Code LAST 3 DIGITS ON REVERSE 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 no behalf of the person(s) named, I have read and accepted the Terms & Conditions and General Information									
Name		Date		1M/YY	,				