

BOOKING FORM



| TOUR: | | DATE OF TOUR: | |
|---|--|---------------|--|
| Passenger Details | | | |
| Name of lead passenger (title, first name, surname) | | | |
| Address | | | |
| Town | | | |
| Postcode | | | |
| Country | | | |
| Telephone number (home and mobile) | | | |
| E-mail address | | | |
| Date of Birth | | | |
| Special dietary requirements | | | |
| Insurance Policy (name and number)* | | | |
| Other group members | | | |
| 2nd passenger (title, first name, surname) | | | |
| Telephone numbers (home and mobile) | | | |
| E-mail address | | | |
| Date of Birth | | | |
| Special dietary requirements | | | |
| Insurance Policy (name and number)* | | | |
| 3rd passenger (title, first name, surname) | | | |
| Telephone numbers (home and mobile) | | | |
| E-mail address | | | |
| Date of Birth | | | |
| Special dietary requirements | | | |
| Insurance Policy (name and number)* | | | |
| 4th passenger (title, first name, surname) | | | |
| Telephone numbers (home and mobile) | | | |
| E-mail address | | | |
| Date of Birth | | | |
| Special dietary requirements | | | |
| Insurance Policy (name and number)* | | | |



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| Please indicate your room preferences or any special requirements (subject to availability) | |
|---|--|
| Double | |
| Single | |
| Twin | |

* Please confirm before departure if not yet purchased.

I have read and understand the Rifleman Tours terms and conditions.

Signed: _____ Date: _____

Rifleman Tours, 30 Flora Thompson Drive, Newport Pagnell, Bucks MK16 8ST

Telephone: 01908 617264

E-mail: info@riflemantours.co.uk

In the event of an emergency, can you please supply a name and contact number:

Name: _____ Contact No: _____

Please make deposit cheques payable to: *Eden Tours Limited*

Or alternatively please pay by BACS quoting your name and invoice number:

Bank Account Number: 66608368
Bank Sort Code: 30-15-53
Account Name: Eden Tours Limited

Rifleman Tours is a trading name of Eden Tours Limited
Company Number 8915213