



OVERSEAS STUDY TOURS BOOKING FORM

Please reserve a place for me on Tour No. to

I will be joining the tour at(place) on(date)

and leaving at(place) on(date)

I enclose £.... as a minimum deposit and three FIRST CLASS SAE's (9" x 4"). Alternatively you can pay by credit card but note the handling charge:

Please debit my Visa/Access/Master Card/Eurocard. (Delete as necessary)		Amount to be charged	£
		6% Handling Charge	£.....
Card No.	Date of expiry...../.....	Security No.....	
		Total	£.....
Cardholders name as shown on card			

Name of your Insurance Company, Policy Number and Insurance Emergency Contact Telephone Number

.....

.....

Your Details: (NB – names to be as shown in your Passport!)

Surname..... First Names

Telephone numbers. Daytime..... Evenings..... Mobile.....

Membership Number..... Address.....

..... Postcode.....

Email address.....

Passport No. Date of Issue..... Place of issue.....

Date of Expiry Nationality Smoker YES/NO

Date & Place of Birth Occupation

Do you wish to have a single room?? YES/NO. I wish to share with

Are you entitled to Privilege Travel Facilities relevant to this tour? Please detail.....

During the tour in case of accident, sickness, etc., please contact:

Name Address

..... Relationship to participant.....

Telephone Number

Please detail below any specific information which you think should be brought to the attention of the tour leaders, e.g. special diets, prescribed medicines, known medical conditions etc. that will be current during the tour period.

The above information remains confidential to the LCGB and any medical details will only be divulged as necessary, should an emergency arise.

I have read and accept the conditions overleaf. Signed. Date.