



Ojemba Travel: Booking Form.

PLEASE COMPLETE IN BLOCK CAPITALS AND IN BLUE OR BLACK INK ONLY.

SECTION A: PRIMARY CONTACT INFORMATION.

If you are booking as an individual, family or a small private group, please provide principal contact details:

TITLE:	FIRST NAME:	SURNAME:
ADDRESS:		
POST CODE:		
E MAIL ADDRESS:		
TEL (DAY):	TEL (EVE):	MOBILE:

SECTION B: PASSENGER DETAILS.

Please provide details on all passengers. You should include the primary contact if they are travelling also. Additional names may be added on a separate page.

1	TITLE:	FIRST NAME:	SURNAME:
	AGE:	NATIONALITY:	PASSPORT EXPIRY DATE:
	INSURANCE REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEELCHAIR USER: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	TYPE OF ROOM REQUIRED:		
2	TITLE:	FIRST NAME:	SURNAME:
	AGE:	NATIONALITY:	PASSPORT EXPIRY DATE:
	INSURANCE REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEELCHAIR USER: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	TYPE OF ROOM REQUIRED:		
3	TITLE:	FIRST NAME:	SURNAME:
	AGE:	NATIONALITY:	PASSPORT EXPIRY DATE:
	INSURANCE REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEELCHAIR USER: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	TYPE OF ROOM REQUIRED:		
4	TITLE:	FIRST NAME:	SURNAME:
	AGE:	NATIONALITY:	PASSPORT EXPIRY DATE:
	INSURANCE REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEELCHAIR USER: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	TYPE OF ROOM REQUIRED:		

SECTION C: TRAVEL DETAILS.**JOURNEY DESCRIPTION:****DEPARTURE DATE:****BOOKING CODE*:**

*Can be found in the price panel on the relevant page of the brochure.

CHOICE OF DEPARTURE AIRPORT (where appropriate):**SECTION D: EMERGENCY CONTACT.**

Please provide the details of an emergency contact whilst abroad.

TITLE:**FIRST NAME:****SURNAME:****ADDRESS:****POST CODE:****E MAIL ADDRESS:****TEL (DAY):****TEL (EVE):****MOBILE:****SECTION E: INSURANCE.**If you are not taking our insurance cover please can you complete the following:**1****NAME:****INSURERS:****POLICY NUMBER:****2****NAME:****INSURERS:****POLICY NUMBER:****3****NAME:****INSURERS:****POLICY NUMBER:****4****NAME:****INSURERS:****POLICY NUMBER:****SECTION F: WHEELCHAIR USERS.**

If you or any of your party are disabled please complete the following:

To ensure you receive the support required please include full details of disabilities and clearly explain any special help, assistance, room requirements or diet that may be needed.

NAME OF GUEST WITH WHEELCHAIR:**NAME OF GUEST WHO IS DESIGNATED CARER/ASSISTANT:****ARE THEY ABLE TO WALK ONE MILE UNAIDED?** YES NO**ARE THEY ABLE TO WALK UP TEN STEPS UNAIDED?** YES NO**ARE THEY TAKING THEIR OWN WHEELCHAIR?** YES NO**IS IT A POWERED WHEEL CHAIR (MAX WEIGHT 60KGS)?** YES NO

SECTION G: SPECIAL DIETARY REQUIREMENTS.

If anyone in your party has a need for vegetarian food or has any special diet requirements, please complete this section

NUMBER OF VEGETARIANS:

NUMBER OF SPECIAL DIETARY REQUIREMENTS:

PLEASE SPECIFY DETAILS BELOW:

Please give as much information as possible for special dietary requirements, including but not exclusive to...
Gluten Free, Allergies, No Nuts, Low Fat, Low Sugar, Diabetic.

It may not be possible to provide special food whilst travelling.

Any other important information concerning health of guests should be notified to Ojemba Travel.

SECTION H: AGREEMENT.

I have read and agree to accept the Booking Conditions as detailed in the brochure and the website. A copy of the booking conditions is available on request.

NAME:

DATE:

SIGNATURE:

SECTION I: PAYMENT.

I/We have read and, by signing below, agree to accept Ojemba Travels Booking Conditions.

Payments by cheque should be made payable to 'Ojemba Travel'. We cannot accept cash.

I enclose my payment of £ being the deposit.

I WOULD LIKE TO PAY BY:

CREDIT CARD **DEBIT CARD**

PLEASE DEBIT MY CREDIT/DEBIT CARD FOR THE AMOUNT OF:

£

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P

I AUTHORISE THE BALANCE TO BE DEBITED FROM MY ACCOUNT EIGHT WEEKS PRIOR TO DEPARTURE **YES** **NO**

START DATE:

EXPIRY DATE:

ISSUE NUMBER*:

*If applicable.

NAME:

DATE:

SIGNATURE:

Thank you.