

SMAUG ABROAD LTD. | BOOKING FORM

Classical Bulgaria
23rd – 31st May 2010

Please fill in this form and send with a deposit of **£250** per person
to: **Smaug Abroad Ltd., The Lodge, Bardwell Rd, OXFORD OX2 6SS**

Details of those wishing to come on the trip in capital letters; names should be as on the passport:

Title	First Name <small>(as on the passport)</small>	Surname <small>(as on the passport)</small>	Nationality	Passport Number	Passport Expiry Date	D.O.B

Name & Address:	Tel (work):		Details of any medical conditions / dietary needs:
	Tel (home):		
	Mobile:		
	Fax:		
	E-Mail:		

INSURANCE: Insurance is required for all expeditions & is included in the package price. Please indicate if you have alternative travel insurance in place and you will receive a rebate on the final invoice.

Insurance company name:	Policy number:	Insurance company's emergency tel. no:

DECLARATION:

- (1) I am over the age of 18.
- (2) I have read the Expedition Itinerary and the Terms and Conditions and have brought these to the attention of each member of the Party (or his/her parent or guardian in the case of members under the age of 18).
- (3) I confirm that I and each member of the Party accept the provisions contained in the Expedition Itinerary and the Terms and Conditions and that I have the consent and authority from each member of the Party (or his/her parent or guardian in the case of members under the age of 18) to book the Expedition and sign this booking form on behalf of each member of the Party.
- (4) I am enclosing a parental and medical consent form duly completed and signed in respect of each member of the Party who is under the age of 18 and who will not be accompanied by his/her parent or guardian on the Expedition.



Signed: _____ Date: _____

