

BOOKING FORM

PLEASE COMPLETE THE BOOKING FORM IN BLOCK CAPITALS AND RETURN TO US AS SOON AS POSSIBLE

Miss/Ms/Mrs Date

Address

.....

Name of Tour

Departure Date

Name In Full (must be exactly the same as shown in your passport)
.....

Passport Number Place of Issue

Issued On Expiry Date

Date of Birth Occupation

Home Tel. No Work

Mobile No Email

Single Room Required (Cost £250) Yes No

*Please inform us of any special dietary requirements

*Please inform us of any medical conditions that may affect your travel

I confirm that I have read, understood and accept the booking conditions between myself and TIGER TRAVEL. I accept that I am personally responsible for fulfilling the necessary immigration and medical requirements/vaccinations.

Signed

TIGER TRAVEL
CASA DEL MULO
CALLE TAPON 1-3
18658 SALERES
LECRIN GRANADA SPAIN
0844 598 7015 (local call rate)
email:enquiries@tigertravel.co.uk