



BOOKING FORM

PLEASE PRINT CLEARLY IN BLOCK CAPITALS

CITY/TOUR NAME QUOTATION OR BOOKING REFERENCE	DATES OF HOLIDAY From: To:	OFFICE USE ONLY Tour Code: Bkg Ref: Ins:.....
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TITLE Mr/Mrs Ms/Other	PREFERRED FIRST NAME	SURNAME	ROOM TYPE			FLIGHTS? Yes/No Economy/Club	DATE OF BIRTH (DD/MM/YY)
			SINGLE	DOUBLE	TWIN		
1							
2							
3							
4							

ADDRESS OF PERSON MAKING BOOKING	Tel (day)
	Tel (eve)
	Mobile
	Tel no. 24-hrs prior to departure
	Fax
Post Code	Email (home/work)

PASSPORT DETAILS (Overseas tour only) ESSENTIAL INFORMATION FOR AIR TICKETING, VISAS & IMMIGRATION, AND IN CASE OF EMERGENCY) Non-British nationals may require visas – please check with the relevant embassy.			
Surname (as on passport)	First names (as on passport)	Nationality	Passport Number
1			
2			
3			
4			

Date of issue (DD/MMM/YYYY)	Date of expiry	Place of issue	Place of birth	Name & tel. no. of a person we should contact in the event of illness/mishap abroad?
1				
2				
3				
4				

Please supply address for other guests, if different from the above	
Name	Name
Address	Address
Post Code	Post Code
Tel (day)	Tel (day)
Tel (eve)	Tel (eve)
Does any person on this booking form have a medical condition, special dietary requests or disability of which we should be advised? 	SPECIAL REQUESTS (e.g. dietary/seating preference) & FREQUENT FLYER/BRITISH AIRWAYS EXECUTIVE CLUB MEMBERSHIP NUMBERS

TRAVEL INSURANCE								
YOU MUST BE INSURED! Please provide details of your insurance cover below:								
<table border="1" style="width: 100%;"> <tr> <td>Insurance Provider:</td> </tr> <tr> <td>Insurance Policy No.:</td> </tr> <tr> <td>24-hour Emergency Telephone:.....</td> </tr> </table>						Insurance Provider:	Insurance Policy No.:	24-hour Emergency Telephone:.....
Insurance Provider:								
Insurance Policy No.:								
24-hour Emergency Telephone:.....								
PAYMENT DETAILS								
Holiday Cost	Deposit (per person)	No. of persons	Extras/ Miscellaneous	No. of persons	Total			
					£			
FULL HOLIDAY COST to be sent if tour departs within 10 weeks.					Total Enclosed £			
By Cheque: Please make cheques payable to In Style Travel LLP By credit/debit card AMERICAN EXPRESS/VISA/MASTERCARD/DELTA/SWITCH/ (delete as appropriate). Transaction Fees (Debit card – nil; MasterCard/Visa 2% American Express 3%) CARD No.: SECURITY CODE Issue No.....								
Valid From Date:..... Expiry Date: Signature :								
DECLARATION: I hereby confirm that I am over 18 years of age, have read and understood the Booking Conditions, Data Protection Policy and accept them on behalf of myself and all other persons included in this booking. All members of the party personally accept responsibility to be aware of and comply with insurance, health, passport and visa requirements.								
Signed ----- Date -----								

PLEASE COMPLETE AND RETURN TO: **OPERA IN STYLE LLP, NETHERLEIGH HOUSE, 10A HORNSEY LANE, LONDON N^ 5LZ**
 TEL: 020 7629 5559 | 020 74957722 FAX: 020 7499 8990

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