

# BOOKING FORM

Please complete in BLOCK CAPITALS

Please reserve me <input type="checkbox"/> place(s) on the following Balkania B-BS Tour(s)	Booking Ref:	Departure Airport
Tour Name and Code:	Tour Dates:	
Alternative Choice:	Tour Dates:	

NAMES AS PER PASSPORT

Title	Forenames	Surname	Name you wish to be known by	Address for correspondence (of the person signing the Form)
				Address:
				Postcode:
				Email:
				Tel: Home:
				Tel: Mobile:

### Booking Requirements

What kind of room would you prefer, if available? Please (✓) where applicable.    Single  Double  Twin   
 I am travelling alone and would like to share a room with another tour participant, who is    A Smoker  A Non-smoker   
 Please note that if no one else is available for you to share with, we shall have to charge you the single supplement.

### Travel Insurance is mandatory. We can advise if you require more information.

Please give the name and a 24-hour emergency telephone number of your insurance company:

Do any of those listed have any medical condition we should know about and/or which would prohibit full participation in the tour?    No     Yes   
 If "Yes" please give details:

Special Requirements: e.g. vegetarian	Name and telephone number of next of kin in case of emergency

### I enclose my cheque calculated as follows:

• **Holiday Deposits\***    for    persons @ £300 per person (unless otherwise stated)    ≈ £

(\* Full payment is due if booking 8 weeks or less prior to departure) **TOTAL AMOUNT**    ≈ £

Please make cheques payable to **Balkania Travel Ltd** and send with this Booking Form to the above address.

**If paying by card:** We accept Visa, Mastercard, Swich, JCB, American Express. For security compliance reasons please call us directly if you want to pay by card.

**For bank transfers / online payments to Balkania Travel Ltd. :** Barclays Bank PLC, Sort Code 20-29-37, Account No: 23118185

**I have read and accept the Balkania Travel B-BS Brochure and Booking Conditions and other information contained there in full. I confirm that I am authorised to accept these conditions on behalf of all the above named persons.** (All correspondence will be sent to the person whose signature appears below).

**Signature:**

**Date:**

**PERSONAL DETAILS REQUIRED FOR API (Advance Passenger Information)**  
Please complete exactly as per passport in block letters

**Passenger 1**

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Title, Forenames, Surname

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Nationality

---

Date of Birth

---

Passport Number

---

Date of Issue

---

Valid Till

---

**Passenger 2**

---

Title, Forenames, Surname

---

Nationality

---

Date of Birth

---

Passport Number

---

Date of Issue

---

Valid Till

---

**Passenger 3**

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Title, Forenames, Surname

---

Nationality

---

Date of Birth

---

Passport Number

---

Date of Issue

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Valid Till

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