

Wise Birding Holidays

Bird and mammal watching tours



Please reserve me place(s) on the following Wise Birding Holiday

TOUR NAME / DESTINATION:

TOUR DATES:

I / WE ENCLOSE THE FOLLOWING DEPOSIT: £.....

PASSENGER DETAILS:

Title	First name	Surname	Name you wish to be known by on tour

CORRESPONDENCE ADDRESS (where all correspondence will be sent):

Postcode:

Tel (home):	Telephone (work):	Mobile:	Email:

EMERGENCY CONTACT:

Name:	Relationship to passenger:		
Telephone (home):	Telephone (work):	Telephone (mobile):	Email Address:

ACCOMMODATION REQUIREMENTS (please tick relevant):

Double	Twin	Single	Happy to share? YES NO*	Smoker? (Helps find suitable room-mate) YES NO

*Please note if there is no one suitable for you to share with, we will have to charge you the single supplement.

PERSONAL HEALTH INFORMATION:

Do you have any special dietary requirements? (e.g. vegetarian, diabetic):

Do you have any medical condition we should be aware of? YES NO

If Yes – Please give details *including anything that may prevent you from full tour participation*

TRAVEL INSURANCE: As stated in the Wise Birding Holidays Terms & Conditions section of our website, it is a condition of booking that all tour participants **MUST** have fully adequate insurance before travelling with us. **Please ensure you read the relevant sections of the [Booking Terms & Conditions](#) on our website.**

We strongly recommend you obtain adequate travel insurance as soon as possible after booking. This will ensure you are covered from the start in case of any unexpected cancellation prior to departure.

I / We have our own travel insurance as below and attach a copy: YES NO

I / We will be arranging travel insurance soon and shall send you details prior to departure:

Insurance details required:

Name of Insurer:

Policy No:

Date of Expiry:

Contact Tel:

24HR Emergency Tel:

PERSONAL INFORMATION: Please complete the following details **EXACTLY AS THEY APPEAR IN YOUR PASSPORT.**

****Please Note: It is essential that your passport expiry date is a minimum of 6 months after the tour end date****

	Passenger 1	Passenger 2	Passenger 3
First name(s):			
Surname:			
Nationality:			
Date of birth:			

PAYMENT: Please make cheques payable to "*Wise Birding Holidays Ltd*"

I / We enclose a cheque to the sum of £..... as a booking deposit / full payment

The quickest method of payment is by Electronic Transfer.

Please contact us for the business account details in order to make this type of payment. Simply contact us on email through our website www.wisebirding.co.uk

By signing below I / we confirm that:

1 - the tour itinerary & [booking terms & conditions](#) on the Wise Birding Holidays website have been read & understood. 2 - I / we will not travel against our medical advice.

3 - I am authorised to accept these conditions on behalf of the above named persons.

SIGNED:

DATE:

ADDITIONAL INFORMATION: How did you hear about Wise Birding Holidays?

Advertisement:

A Recommendation:

Other:

Please confirm your key interests on this particular tour:

Birds:

Mammals:

Photography:

Please return this form (Don't forget to sign & date) with payment / travel insurance details to address below:

Wise Birding Holidays Ltd: 3, Moormead, Budleigh Salterton, Devon, EX9 6QA

Website: www.wisebirding.co.uk

Facebook: www.facebook.com/wisebirdingholidays