



BOOKING FORM



No Reservation will be confirmed until the completed booking form and full deposit is received by The Go Travel Group, 6-7 Canute Chambers, Canute Road, Southampton, Hants SO14 3AB.

Tour Information

Country: _____ Tour code: _____ Total nights stay: _____
Booking reference number: (if applicable) _____

Passenger Information

Lead Passenger:	Passenger 2:
Title: _____ First name: _____	Title: _____ First name: _____
Surname: _____	Surname: _____
Nationality: _____	Nationality: _____
Occupation: _____	Occupation: _____
Passport number: _____	Passport number: _____
Expiry date: _____	Expiry date: _____
Dietary & seating requirements: _____	

Smoking Non smoking Emergency contact number: _____
(please circle) *For extra passengers please supply details on separate sheet.*

International flight information

Arrival date: _____ Time: _____ Arrival airport: _____ Arrival flight no. _____
Departure date: _____ Time: _____ Departure airport: _____ Departure flight no. _____

Travel Agent Information

Licence: (ABTA / ATOL / GLOBAL / TTA / HOLIDAY DIRECT) _____

Declaration

Do you require Visa assistance? Yes No (please circle)

Signed by _____

_____ or _____ Date: _____
Lead passenger Travel Agent

On behalf of the persons named, I/we have read, understood and agree to abide by the terms, conditions and responsibilities as outlined.

All persons named on this form are fit to travel. (tick)

