

BOOKING FORM

I am/we are interested in the following holiday [Title as shown]

Please book..... places on Dates

Name(s) Mr./Mrs./Miss/Other

[Please ensure that this matches exactly to that on your passport as mistakes cannot be rectified once tickets are issued.]

[Christian]

[Surname].....

Home/address (inc. postcode).....

.....

Date of Birth..... Telephone..... Mobile.....

E-mail.....

Deposit.....

Name of insurer and policy number.....

Please indicate the type of room you require. Single..... Twin..... Double

I am/am not prepared to share*

*Please note that if you do not wish to share or a suitable roommate cannot be found, you will be required to pay the single room supplement.

Special Requirements: Dietary..... Special Needs.....

Smoker/Non Smoker.....Passport number/expiry date.....[At least six months still valid]

I/We have read the conditions of booking and agree that this reservation will be subject to them

Signature..... Date.....

Please make all cheques payable to Celtic Bird Tours and forward to 84 Coity Road, Bridgend CF31 1LT, Wales, U.K.