

## **GUEST RESERVATION FORM | EXPEDITIONS**

Please reserve	place(s) on the following Expedition:	
	Departure Date:	
GUEST INFOR	MATION	
Guest 1 Name:		Date of Birth:
Email Address:		
Guest 2 Name:		Date of Birth:
Email Address:		
Street Address :		City:
State/Province:	Zip/Postal Cod	le:Country:
Phone Number:	ne Number: Mobile/Cellphone:	
I plan to share I require single Please add us t  YOUR PAYMEN We accept payment personal security ver you will receive a sec Please advise your m International / Credit Card Cheque	by Visa, Mastercard, American Express, Bank Tra ry seriously therefore will contact you seperately to curelink payment link to process your deposit and fi nethod of payment below: Bank Transfer	lement od we agree to be contacted via email on start the start of the contacted via email on sfer, International Bank Transfer & Cheque. We take your advise payment procedures. If you are paying by credit card,
TERMS & CON		asy Escrow recount winer is macpenaeraly controlled.
	We have read the Terms & Conditions & Contract for	the Expedition listed above which we accept.
Guest 1 Signature : _		Date:
Guest 2 Signature : _		Date:

Please return the completed Guest Reservation Form to your Travel Advisor or Colonial Expeditions. Simply take a picture with your phone or pop it in the post!

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