

**BOOKING FORM**

*Please return with a Booking Terms & Conditions (signed) plus copies of passports for all travellers. By completing this form and signing the terms and conditions you are agreeing to our terms and conditions and giving Rockwood Specialist Tours authorisation to book your travel arrangements as per the agreed itinerary.*

|  |  |  |
| --- | --- | --- |
| **Contact details for lead passenger / person making the booking** | | |
| **NAME** | **ADDRESS** | **CONTACT NUMBERS** |
|  |  | MOBILE: |
|  |  | HOME: |
|  |  | WORK: |
| **Email Address:** |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Passport Information & other information** | | | | | |
| **Title** | **First Name** | | | **Middle name/s** | **Surname** |
|  |  | | |  |  |
| **Nationality** | **Passport Number** | | | **Place of Birth** | **Place of Issue** |
|  |  | | |  |  |
| **Date of Issue** | **Date of Expiry** | | | **Weight** | **Date of birth** |
|  |  | | |  |  |
| **Passport Information & other information** | | | | | |
| **Title** | **First Name** | | | **Middle name/s** | **Surname** |
|  |  | | |  |  |
| **Nationality** | **Passport Number** | | | **Place of Birth** | **Place of Issue** |
|  |  | | |  |  |
| **Date of Issue** | **Date of Expiry** | | | **Weight** | **Date of birth** |
|  |  | | |  |  |
| **Passport Information & other information** | | | | | |
| **Title** | **First Name** | | | **Middle name/s** | **Surname** |
|  |  | | |  |  |
| **Nationality** | **Passport Number** | | | **Place of Birth** | **Place of Issue** |
|  |  | | |  |  |
| **Date of Issue** | **Date of Expiry** | | | **Weight** | **Date of birth** |
|  |  | | |  |  |
| **Passport Information & other information** | | | | | |
| **Title** | **First Name** | | | **Middle name/s** | **Surname** |
|  |  | | |  |  |
| **Nationality** | **Passport Number** | | | **Place of Birth** | **Place of Issue** |
|  |  | | |  |  |
| **Date of Issue** | **Date of Expiry** | | | **Weight** | **Date of birth** |
|  |  | | |  |  |
| **EMERGENCY CONTACT DETAILS** | | | | | |
| **NAME** | | **RELATIONSHIP** | | **MOBILE NUMBER** | **NIGHT NBR** |
|  | |  | |  |  |
| **EMAIL** | | **OTHER** | | | |
|  | |  | | | |
| **IMPORTANT INFORMATION – PLEASE INDICATE FOR WHICH PASSENGERS THIS IS APPLICABLE FOR** | | | | | |
| **ROOM CONFIGURATIONS (TWIN/DOUBLE/SINGLE/FAMILY ETC)** | | |  | | |
| **SPECIAL DIETARY REQUESTS** | | |  | | |
| **MEDICAL CONDITIONS, LIST OF MEDICINES ETC** | | |  | | |
| **SPECIAL OCCASSIONS** | | |  | | |
| **SEATING REQUESTS** | | |  | | |
| **DO YOU HAVE ANY SPECIAL INTERESTS?** | | |  | | |
| **PLEASE PROVIDE US WITH ANY OTHER INFORMATION WHICH YOU FEEL IS RELEVANT OR IMPORTANT FOR US TO KNOW AND ADVISE TO HOTELS/CAMPS/LODGES/AIRLINES ETC.** | | |  | | |

|  |  |
| --- | --- |
| **TRAVEL INSURANCE INFORMATION** | |
| **ISSUING COMPANY** |  |
| **POLICY NAME AND NUMBER** |  |
| **CONTACT NUMBER - EMERGENCY** |  |
| **CONTACT NUMBER – GENERAL** |  |

|  |  |  |
| --- | --- | --- |
| **PLEASE ANSWER THE FOLLOWING QUESTIONS** | | |
| Would you like to receive our bi-weekly newsletter via email? | YES | NO |
| Would you like to receive our weekly updates for special offers? | YES | NO |
| Would you like to receive information on other destinations? | YES | NO |
| Have you seen our Facebook page? | YES | NO |
| Have you seen us on INSTAGRAM? | YES | NO |
| Do you use TWITTER? | YES | NO |
| Would you recommend us to family / friends? | YES | NO |