



&MOMENTS

BOOKING FORM

Please complete and return: info@andmoments.com

Please complete this booking form in block capitals ensuing that names provided are exactly as printed on your passport. If more than 4 persons booking, please complete an additional form.

Trip details

| | | |
|---------|-----------|------------|
| Country | Trip name | Trip dates |
|---------|-----------|------------|

Correspondence address

| |
|------------------|
| Name |
| Address |
| E-mail |
| Telephone |
| Mobile telephone |

| |
|--|
| Emergency contact details |
| Name |
| Telephone |
| Please tell us where you heard about & Moments |

| Title | First name | Middle name | Surname | Date of birth | Passport nr | Place of issue | Nationality | Date of issue | Date of expiry |
|-------|------------|-------------|---------|---------------|-------------|----------------|-------------|---------------|----------------|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| Name | Dietary requirements | Medical condition | Room type* | Relevant experience |
|------|----------------------|-------------------|------------|---------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

* Twin, double or single (additional charges may apply for single)

Payment

| | | |
|---|---------------------------|-------------------|
| Deposit* per person EUR | Number of persons booking | Total deposit EUR |
| * according to the of the terms of relevant trips | Trip extension Total | |
| Please charge my card as follows: debit card <input type="checkbox"/> visa <input type="checkbox"/> mastercard <input type="checkbox"/> AmEx <input type="checkbox"/> | | |
| Card No. <input type="text"/> | | |
| Expiry <input type="text"/> 3-digit security code: (last 3 digits signature strip) <input type="text"/> | | |

Signature

| | |
|--|------|
| Signature | Date |
| I hereby declare, that I have read the General Terms and Conditions and the Terms and Conditions of my chosen trip and agree to abide by them. | |