BOOKING FORM

Please fill in the form in **BLOCK CAPITALS**. Before signing please ensure you have read and understood all Booking Conditions.

Tour Name (if applicable):

Date of Dep	oarture:		Tour Lea	der:			
Passenger Na	mes: Please complete a	all sections. Names a	s on the passport				
Title (e.g. Mr, Mrs, Ms)	Full First Name	Surname	Date of	Birth	Passport No.	Date of Issue Date of Expiry	Nationality
1							
2							
3							
4		and the second state of th					
Please use a	a separate sheet of pa	iper for additional	passengers.				
Name & Add	ress for Corresponde	nce					
First Name:			S	urname	:		
Address:							
Telephone:			_	-mail:			
· ·	K telephone no. and	contact name while		-man.			
Room Requir		ouble	Twin		Single		
Meal Plan		aily Breakfast	Half Board		Full Board		
* It is mandatory to Please contact us f	nce required: Yes/No* o have adequate travel insura for a quotation. If you already insurer. If not please refer to	have travel insurance, plea	ase provide	* It is you enable you	u to travel on your holida	that you have all the necess	
Special Reque	ests:						
Send us your co person for all G	ails – please complete a ompleted booking form w roup/Specialist Tours) to eight weeks (ten weeks for	ith a non-refundable d Soul of India Ltd. Bala	nce is due eight we	eksprior t	to departure (ten wee	ks for Group/Specialist T	
How to pay:							
			BC	above read a l acce	and am responsible for p ind accepted all the booki pt on behalf of all the me	o make this booking on beh layment for the above bookin ng conditions and tour price mbers of the party responsi dical and insurance/holiday re	ng. I am over 18. I have . I confirm that bility to ensure they
				Signed:			
				Date:			
SOUL OF INDIA JOURNEYS OF DISCOVERY				How did you hear about us?			
(A)		ABTA No. W5240 travelawar	e e				
rei	ave this form to you tum by email or pos aquiries@soulofindia	st to:					
23	ul of India Ltd, Unit 4 Ladysmith Road, Harro \3 5FE, UK						