

BOOKING FORM

Tour description

Date

.....
.....

Title

Initials

First name

Surname

Date of Birth

.....
.....
.....
.....
.....

*I/We require a twin/single/double room/I am prepared to share [delete as necessary]

*Any special requirements.....

.....

Please note: If you are prepared to share but no other person wishes to do so, then we will have to charge you the single supplement as indicated in the brochure.

Name & Address (BLOCK LETTERS)

.....
.....
.....
.....
.....

Telephone: Home..... **Work**.....

Email Address:.....

I have read the booking conditions and enclose a cheque for £.....
made payable to "*Island Ventures*" as a deposit for the above Tour.

Signed..... **Dated**.....

Where did you see/read of *Island Ventures*?

Please send your cheque together with your booking form fully completed to:

2 Kendal Meadow, Chestfield,
Whitstable, Kent CT5 3PZ
Tel: 01227 793501 e-mail: drosair@aol.com
www.islandventures.co.uk