



TOUR BOOKING FORM

Please write clearly

For Office Use:

Booking Ref:

Tour Code:

Tour Title:

Start Date:

	Traveler's Names			Room Types			
	Title	First Name	Surname	Single	Double	Twin	Triple
1							
2							
3							
4							

Contact Details

Name & Address for Correspondence:

Home Tel:

Mobile:

Email:

Next of Kin (Emergency Contact):

Home Tel:

Name:

Mobile:

Relationship:

Passport Details (as they appear in your passport)

	Title	Surname	First Names	Nationality	Place of Birth
1					
2					
3					
4					
	Date of Birth	Passport No.	Place of Issue	Date of Issue	Date of Expiry
1					
2					
3					
4					

Special Requests: Please specify any medical conditions, special needs, dietary requirements etc.

Flight Details
Would you like us to quote you a price for flights? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please indicate your preferred departure airport (s)?
Please indicate if you have any preferred flights /airlines?
Any other flight requests:
For Office Use:
Outbound:
Inbound:

Travel Insurance			
<p>Possession of adequate travel insurance is a condition of booking (except for UK trips), and participants must not travel against medical advice. If you already have insurance please provide details below, or advise us as soon as possible. Affordable options for all circumstances are available from our preferred insurers, Holiday Extras Ltd. If you would like a quote, please tick here <input type="checkbox"/> or simply follow the 'Travel Extras' link on our website.</p>			
	Insurance Company	Policy Number	Emergency Assistance/ Contact Telephone
1			
2			
3			
4			

Payment Details
<p>If booking prior to 8 weeks before departure a deposit of £300 per person is required. If booking after 8 weeks before departure the full tour cost is required with your booking.</p> <p>Please choose your payment method:</p> <p>I would like to pay by credit/debit card over the telephone: <input type="checkbox"/> (If YES, please tick). Please ensure you have supplied your phone number in the contact details section above.</p> <p>OR: I enclose a cheque for £_____ as Deposit/Full Payment (delete as appropriate) for _____ number of persons as named on this booking form.</p> <p>Please make cheques pay able to ' Deliverance World mission account'.</p>

Please tell us your preferred means of communication:		
Email: <input type="checkbox"/>	Telephone: <input type="checkbox"/>	Post: <input type="checkbox"/>

It would help us to hear how you heard about us:

<p>Declaration: I have read and accept the Booking Conditions (available on the website and by request).</p> <p style="text-align: center;">Signature _____ Date _____</p> <p>Please return this completed booking form along with any indicated cheque payment to:</p> <p style="text-align: center;">Deliverance World Mission Tour and Travel, P.O BOX 5090 Kampala, Uganda</p> <p>Tel: (0)+256746556141 Email: info@deliveranceworldmission.org www.deliveranceworldmission.org</p>	
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