

TOUR BOOKING FORM - UK TOURS

PLEASE PROVIDE A SEPARATE FORM FOR EACH PERSON TRAVELLING

Art History in Focus
PO Box 1509, Woking, Surrey GU23 6XE
info@arthistoryinfocus.com

1. PASSENGER NAME	6. MEDICAL INFORMATION
1. PASSENGEN NAME	U. MEDICAL INI ONNATION
TitleFirst Name	Please note all illnesses, known medical conditions and allergies. We require this information on <i>Art History in Focus</i> tours, in case of an
Surname	emergency whilst we are away. Please rest assured that it will be
Address including Dest Code	treated in the strictest confidence
Address including Post Code	Medical Conditions
	Mediantians
Home Tel No	Medications
iteme terre	
Work Tel No	7. NEXT OF KIN (IN CASE OF EMERGENCY) (NOT SOMEONE TRAVELLING WITH YOU)
Mobile Tel No	,
Frankl	Name
Email	Address
2. HOLIDAY DETAILS	Telephone
Tour Name	тегерпопе
	Relationship
Departure Date	
No. of nights	8. METHOD OF PAYMENT
	Payments by cheque should be made payable to Art History in Focus
3. ACCOMMODATION DETAILS	,,,
☐ Twin/Double Room (please indicate) with (insert name)	9. HOW DID YOU HEAR ABOUT US? (OPTIONAL)
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☐ Single Room	40 000 40 40 40 40
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☐ Single Room	I confirm that I have read and accept Art History in Focus's Terms
☐ Single Room ☐ Upgrade required (subject to availability) 4. TRAVEL INSURANCE DETAILS (OPTIONAL)	
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