

Booking form 2010 (please use block capitals)



Accredited Agent

Further bookings -
Please complete details on a separate photocopy of this form.

Please reserve me <input type="checkbox"/>	place(s) <input type="checkbox"/>	Trek name <input type="text"/>	Departure date / / <input type="text"/>
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I/we would like to take an extension I/we would like to take your Land Only option

If you would like to fly from a regional airport, please state your preferred departure point and we will contact you to discuss possibilities.

You

Title <input type="text"/>	Surname (AS PER PASSPORT) <input type="text"/>	Forenames (AS PER PASSPORT) <input type="text"/>
Male/Female <input type="checkbox"/>	Tick box if over 70 years <input type="checkbox"/>	Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/>
Passport no. <input type="text"/>	Nationality <input type="text"/>	Occupation <input type="text"/>
Date of issue <input type="text"/>	Date of expiry <input type="text"/>	Place of issue <input type="text"/>
Vegetarian or special dietary requirements <input type="text"/>	Our insurance policy required Yes <input type="checkbox"/> No <input type="checkbox"/>	Single room supplement required <input type="checkbox"/>
Next of kin, other than travelling companion <input type="text"/>	Single tent supplement required <input type="checkbox"/>	Their tel. no <input type="text"/>

Your contact details

Address for correspondence:
 Postcode:

Tel (H) (W) (M) Fax

E-mail I/we would like to receive the **Mountain Kingdoms** E-mail Newsletter

Your companion

Title <input type="text"/>	Surname (AS PER PASSPORT) <input type="text"/>	Forenames (AS PER PASSPORT) <input type="text"/>
Male/Female <input type="checkbox"/>	Tick box if over 70 years <input type="checkbox"/>	Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/>
Passport no. <input type="text"/>	Nationality <input type="text"/>	Occupation <input type="text"/>
Date of issue <input type="text"/>	Date of expiry <input type="text"/>	Place of issue <input type="text"/>
Vegetarian or special dietary requirements <input type="text"/>	Our insurance policy required Yes <input type="checkbox"/> No <input type="checkbox"/>	Single room supplement required <input type="checkbox"/>
Next of kin, other than travelling companion <input type="text"/>	Single tent supplement required <input type="checkbox"/>	Their tel. no <input type="text"/>

Do you want your companion's dossiers/invoices/kitbags/tickets sent to your address? Yes No

If **No**, please supply companion's address: Postcode:

Have you or your companion ever travelled with **Mountain Kingdoms/Himalayan Kingdoms** before? Yes No **Please see page 70 of our brochure for details of our loyalty discount**

Payment details

I enclose a deposit (£300 per person) of: £ for.....person(s)

Plus insurance premium of: £ for.....person(s)

Total £

If our insurance is not required, we will require you to complete our Travel Insurance Form (enclosed in your holiday dossier), which will give us details of your own policy.

Please debit my credit/debit card account number <input type="text"/>	
Valid from Expiry date	Issue number Security code
Full name on card	
Billing address	
Cardholder's signature	

Declaration and signature

On behalf of the person(s) included on this form I am authorised to make this booking and have read and agree to the Booking Conditions. To the best of my knowledge all persons taking out Mountain Kingdoms insurance, and any person on whom the travel plans depend, are in good physical and mental health, know of no circumstances why the holiday is likely to be cancelled or curtailed, and are not travelling against the advice of a medical practitioner or for the purpose of obtaining medical treatment.

Sign here: Date:

How did you hear about **Mountain Kingdoms**?

Why have you chosen to travel with **Mountain Kingdoms**?