

Booking form 2022 (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)	Trip name	Departure date	/ /
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I/we would like to take an extension I/we would like to take your Land Only option

I/we would like to discuss flight upgrades/to fly from a regional airport - If yes, please state your requirements

You

Title **Surname (AS PER PASSPORT)** **Forenames (AS PER PASSPORT)**

Male/Female Date of birth / / Occupation

Vegetarian or special dietary requirements Our insurance policy required Yes No

Single room (supplement required) Single tent (supplement required)

Your contact details

Address for correspondence:
 Postcode:

Telephone (H) (M)

Email I would like to receive the **Mountain Kingdoms** email newsletter

Your travelling companion

Title **Surname (AS PER PASSPORT)** **Forenames (AS PER PASSPORT)**

Male/Female Date of birth / / Occupation

Vegetarian or special dietary requirements Our insurance policy required Yes No

Single room (supplement required) Single tent (supplement required)

Telephone (H) (M)

Email

Do you want your companion's dossier/invoice/kit bag/ticket 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 mountainkingdoms.com for details of our loyalty discount**

Payment details Please provide card details below or if you would prefer to pay by bank transfer contact the office for our bank details. Alternatively, cheques should be made payable to Mountain Kingdoms Ltd

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 booking pack), to provide us with details of your own policy.

Please tick if you have already paid your deposit **or** debit my card number

Is this a debit card or a credit card

Expiry date Security code - on receipt of your booking form we will contact you to confirm your 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**?