

NAMES OF ALL MEMBERS OF THE PARTY – as per passport (including Lead Name if participating in this holiday)

FOR NON-UK HOLIDAYS

*DELETE AS RQRD

Title	First Name	Preferred Name	Surname	Date of Birth	Details of any medical condition*	Dietary Requirements <i>(foods you don't or can't eat)</i>	Passport No.	Start Date	Expiry Date	UK P/port
										YES/NO*
										YES/NO*
										YES/NO*
										YES/NO*
										YES/NO*
										YES/NO*

* In the field, your welfare is our prime concern so if you have any existing medical condition that we need to know about, or is relevant to your situation should an emergency arise, please complete this section. Any medical details submitted to Speyside Wildlife will be treated in the strictest confidence.





PAYMENT OPTIONS:

I enclose a cheque made payable to Speyside Wildlife for £_____

I have made payment of £_____ by BACS to Sort Code: 800540 Account Number: 00680327

If you wish to pay by credit or debit card, please enter an email address below and instructions will be forwarded to you for payment via a secure online payment system.

Email address: _____

(Our procedure for Credit Card Payment has changed to help fight Credit Card Fraud)

DECLARATION:

I confirm that I have read the booking terms and conditions and accept them on behalf of all persons named above.

Signed: _____

Date: _____

Please send your completed booking form to:

**SPEYSIDE WILDLIFE
GARDEN OFFICE
INVERDRUIE HOUSE
INVERDRUIE
AVIEMORE
INVERNESS-SHIRE
PH22 1QH
UK**

**If you require any help or information phone us on: +44 (0) 1479 812498
or email us on enquiries@speysidewildlife.co.uk**



All flight-based holidays are ATOL Protected by the Civil Aviation Authority.
Our ATOL number is 4259

For holidays that are not flight-based, Speyside Wildlife holds
Tour Operators Failure Insurance – see our terms and conditions for full details

BOOKING FORM

NOTES ON COMPLETION:

Please complete in BLOCK CAPITALS throughout.

Please ensure that on Non-UK holidays, names given correspond with passport details



HOLIDAY REQUIRED:

DATE COMMENCES: DEPOSIT PER PERSON:

NUMBER OF PARTICIPANTS: TOTAL ENCLOSED:

LEAD NAME: *To whom all correspondence will be sent*

.....

ADDRESS:

.....

.....

.....

POSTCODE:

CONTACT NUMBERS:

HOME TEL:

WORK TEL:

FAX:

MOBILE:

E-MAIL:

CONTACT DURING HOLIDAY IN CASE OF EMERGENCY

NAME: TEL NO (Home): (Work):

ADDRESS:

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RELATIONSHIP TO LEAD NAME:

METHOD OF TRAVEL (Speyside & Other UK Holidays Only)

CAR TRAIN COACH PLANE FLIGHT NO:

ARRIVAL TIME: (pm) TRANSFER TO STEADING REQUIRED?

DEPARTURE TIME: (am) TRANSFER FROM STEADING REQUIRED?

Please note for Speyside holidays arrival time must be after 4.00pm and return departure time must be before 10.00am

ARE YOU BOOKING AS PART OF AN ORGANISED GROUP? YES NO

IF YES, PLEASE GIVE GROUP NAME:

ACCOMMODATION REQUIRED

Please see brochure for availability

Number of Rooms

Number of Rooms

DOUBLE ROOM ENSUITE

DOUBLE ROOM NOT ENSUITE

TWIN ROOM ENSUITE Sharing*

TWIN ROOM NOT ENSUITE Sharing*

SINGLE ROOM ENSUITE

SINGLE ROOM NOT ENSUITE

ARE YOU WILLING TO SHARE? YES NO

Would single guests willing to share note that it may not always be possible to find you a room-mate. In these circumstances a single supplement may become payable.

Please tick the following box if you wish your deposit to be returned and your booking cancelled rather than pay the supplement

You will be advised if the supplement is chargeable before the final balance becomes due and no booking will be altered after the balance has been paid.

WHERE DID YOU HEAR OF SPEYSIDE WILDLIFE?

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* PLEASE DELETE AS APPROPRIATE

(PLEASE TURN OVER)