

## Far & Wild Travel Booking Form

<b>Your Holiday</b> (office use)		
Departure Date:	Return Date:	Booking Reference:

<b>Lead Traveller Details</b>		
Name:	Tel. (home):	Tel. (mob):
Email:		
Address:		
Post/Zip code:		

### Passenger Details

Please complete accurately as we will use the names written here when issuing your airline tickets; please ensure they are correct as on your passport. Alterations to this at a later stage will incur charges.

	Lead Traveller	Client 2	Client 3	Client 4
Title				
First name(s) <b>exactly as shown on passport</b>				
Middle name(s) <b>exactly as shown on passport</b>				
Surname <b>exactly as shown on passport</b>				
Date of Birth				
Tel. while abroad				
Approx. weight <b>this information is used for light aircraft flights</b>				

For bookings of more than four people, please use the continuation page overleaf

### Passport Details

Please complete the following as per the details on your passport. If your passport details change prior to departure, please contact your travel co-ordinator. All passengers must hold a passport which is valid six months beyond the date of return travel.

	Lead Traveller	Client 2	Client 3	Client 4
Passport Number				
Nationality				
Country of issue				
Date of issue				
Date of expiry				

### Booking Conditions

Please see our booking conditions at [www.farandwild.travel/wilder/article/booking-conditions](http://www.farandwild.travel/wilder/article/booking-conditions). By paying your deposit you, on behalf of all persons named on this form, are agreeing to these terms and conditions.

### Emergency Contact

Only complete for clients 2 to 4 if different from Lead Traveller

	Lead Traveller	Client 2	Client 3	Client 4
Name of Contact				
Relationship to Client				
Contact Tel.				

### Travel Insurance

Only complete for clients 2 to 4 if different from Lead Traveller

	Lead Traveller	Client 2	Client 3	Client 4
Insurance Provider				
Policy Number				
24hr Emergency Tel.				

### Preferences and Special Requests\*

Complete as necessary

	Lead Traveller	Client 2	Client 3	Client 4
Room Type (single/twin/double)				
Dietary Requirements (Please be specific e.g. Kosher, Vegetarian etc.)				
Aeroplane seat preferences				
*Please note these cannot be guaranteed and may incur additional charges to enact				

### Frequent Flyer Membership

	Lead Traveller	Client 2	Client 3	Client 4
Airline				
Membership No.				
Airline				
Membership No.				

### Flights

Please only complete if you are arranging your own flights

Date	Airline and Flight No.	Departure Airport	Arrivals Airport

Continuation Page

	Client 5	Client 6	Client 7	Client 8
Title				
First name(s) exactly as shown on passport				
Middle name(s) exactly as shown on passport				
Surname exactly as shown on passport				
Date of Birth				
Tel. while abroad				
Approx. weight for light aircraft flights				
Any medical conditions (including severe allergies)				
Passport Number				
Passport Nationality				
Passport Country of issue				
Passport Date of issue				
Passport Date of expiry				
Name of Emergency Contact				
Relationship to Client				
Emergency Contact Tel.				
Insurance Provider				
Insurance Policy Number				
Insurance 24hr Emergency Tel.				
Room Type preference (single/twin/double)				
Dietary Requirements (Please be specific e.g. Kosher, Vegetarian etc.)				
Aeroplane seat preferences				
Frequent Flyer Airline				
Frequent Flyer Membership No.				
Frequent Flyer Airline				
Frequent Flyer Membership No.				