

**TOUR/ HOLIDAY** \_\_\_\_\_

**DATES:** \_\_\_\_\_

How did you first hear about WildWings/WildOceans? .....

| MR/MRS/MISS<br>or other title | Given names<br>as per passport | First name that you wish to<br>be known by | Surname as per passport | Date of birth | Nationality<br>as per passport | Passport no: | Date of issue: | Expiry date: |
|-------------------------------|--------------------------------|--|-------------------------|---------------|--------------------------------|--------------|----------------|--------------|
|                               |                                |  |                         |               |                                |              |                |              |
|                               |                                |  |                         |               |                                |              |                |              |
|                               |                                |  |                         |               |                                |              |                |              |

**NB: Please ensure that your passport is valid with at least 6 months beyond return date of your trip**

**Full permanent address (to which all correspondence, tickets etc are sent)**

.....  
 .....  
 .....  
**Postcode:** .....

**TELEPHONE (HOME)** .....

**TELEPHONE (WORK)** .....

**MOBILE NO:** .....

**EMAIL ADDRESS:** .....

**ROOM/CABIN REQUIRED**

SINGLE  TWIN  TRIPLE  QUAD

if you have arranged to share with someone please give their name

.....

**DO YOU SMOKE?** YES/ NO

**COMPLIMENTARY  
WILDWINGS T-SHIRTS**

PLEASE STATE SIZE AND QUANTITY\*  
\*one per tour participant

MEDIUM  
 LARGE  
 X-LARGE     NO THANKS!

**EMERGENCY CONTACT**

Please give the name, address, telephone number of your next of kin (in case of emergency)

**NAME:** ..... **RELATIONSHIP:** .....

**TELEPHONE (HOME)** ..... **TELEPHONE (WORK)** .....

Special Requests (eg, Diet, allergies etc..) .....

I confirm that I have read the WildWings/WildOceans/ Wild Insights booking conditions and agree that my reservation, if confirmed will be subject to those conditions. I have the necessary authority to make this reservation on the behalf of any other persons on this booking form. Neither I, nor they suffer from any disability likely to prevent us participating in the tour/holiday.

**SIGNATURE:** ..... **DATE:** .....

**PAYMENT (Cheques payable to WildWings)**

**TRAVEL INSURANCE COMPANY NAME:** .....

**TRAVEL INSURANCE POLICY NUMBER:** .....

**TRAVEL INSURANCE TELEPHONE NUMBER:** ..... (24 HOUR EMERGENCY NO)

I enclose £..... deposit per person      Total:    £.....  
 Or full payment of £..... per person      Total:    £.....  
 Save the Albatross donation      £.....  
 Total amount enclosed      £.....

If you wish to pay by UK Debit Card (no surcharge) or by Credit Card (a 2% surcharge will apply) then please telephone us during office hours (0117 9658 333). For your security, do not ever send card details by e-mail!