



BOOKING FORM

Please complete and sign and return to the address below no later than 30 days before departure.

Traveller Information

YOUR NAME AS IT APPEARS ON YOUR PASSPORT: SURNAME:

FIRST AND MIDDLE NAME:

PLEASE SELECT ONE: MALE FEMALE AGE:

DATE OF BIRTH: WEIGHT: HEIGHT:

PROFESSION:

ADDRESS:

POST CODE: TEL: E-MAIL:

SUBSCRIBE ME TO YOUR FREE NEWSLETTER: YES NO

Passport Details

NATIONALITY: PASSPORT NUMBER:

COUNTRY OF ISSUE: EXPIRY DATE:

YOUR PASSPORT MUST BE VALID FOR 6 MONTHS BEYOND YOUR DATE OF RETURN

Trip Selected

TRIP NAME: DEPARTURE DATE:

DO YOU REQUIRE EXTENSION: YES NO SINGLE SUPPLEMENT: YES NO

DO YOU WISH TO SHARE A ROOM WITH SPECIFIC PERSON? YES NO

NAME:

DO YOU HAVE ANY DIETARY REQUIREMENTS?

Medical History

ARE YOU TAKING ANY MEDICATIONS? YES NO NAME OF MEDICATION AND WHAT IT IS FOR:

DO YOU HAVE A PRE-EXISTING MEDICAL CONDITION? YES NO PLEASE SPECIFY:

DO YOU HAVE A HEART CONDITION? YES NO DO YOU HAVE ASTHMA? YES NO DO YOU SMOKE? YES NO

HAVE YOU HAD A SERIOUS ILLNESS IN THE PAST 5 YEARS? YES NO

IF YES, PLEASE SPECIFY:

DO YOU HAVE ANY ALLERGIES? YES NO IF YES, PLEASE SPECIFY:

EMERGENCY CONTACT: RELATIONSHIP:

TELEPHONE: E-MAIL:

In signing this Booking Form, I acknowledge that I have read, understood, and accept the terms and conditions accompanying this document. I also acknowledge that this Booking Form constitutes the entire agreement between myself and UK Direct Services Ltd. (Trading name: Direct Adventures).

SIGNATURE OF TRAVELLER: DATE:

PLEASE RETURN THIS FORM WITH A NON-REFUNDABLE DEPOSIT OF £200 OR FULL PAYMENT TO:

Direct Adventures (made cheque payable to UK Direct Services Ltd.)
82 Erpingham Road, London, SW15 1BG United Kingdom
Phone: 0845 155 9625 E-mail: explore@directadventures.co.uk