

Tour Name: _____

DETAILS

Mr/Mrs/Miss* Surname* (or other title)	Given Names* in FULL (exactly as they appear in your passport)	Date of birth (dd/mm/yyyy)	Nationality	Rooming Requirements*
_____	_____	_____	_____	Twin <input type="checkbox"/> Double <input type="checkbox"/> Single <input type="checkbox"/> Share <input type="checkbox"/>
_____	_____	_____	_____	Twin <input type="checkbox"/> Double <input type="checkbox"/> Single <input type="checkbox"/> Share <input type="checkbox"/>
_____	_____	_____	_____	Twin <input type="checkbox"/> Double <input type="checkbox"/> Single <input type="checkbox"/> Share <input type="checkbox"/>
_____	_____	_____	_____	Twin <input type="checkbox"/> Double <input type="checkbox"/> Single <input type="checkbox"/> Share <input type="checkbox"/>
_____	_____	_____	_____	Twin <input type="checkbox"/> Double <input type="checkbox"/> Single <input type="checkbox"/> Share <input type="checkbox"/>
_____	_____	_____	_____	Twin <input type="checkbox"/> Double <input type="checkbox"/> Single <input type="checkbox"/> Share <input type="checkbox"/>

Note: If you are travelling alone and are willing to share a room please note that it is not always possible to find you a room-mate, in which event we will have to charge you a single supplement.

Your arrival flight number and origin: _____

Your departure flight number and destination: _____

CONTACT DETAILS

Address:* _____ Postcode (ZIP):* _____

Telephone (Mobile):* _____ Telephone (Work): _____

E-mail:* _____

OTHER DETAILSDo you have any special dietary requirements? _____
(if yes give details here)Do you have any medical condition we should know about
and/or which would prohibit full participation in the tour? _____
(if yes give details here)Would like us to make any specific arrangements
(e.g. arriving earlier or staying on before or after tour
and need help with arrangements), if possible? _____
(if yes give details here)**SPECIAL INSTRUCTIONS**

Please enter any special instructions or comments regarding this booking: _____

Contact name(s), address(es) and telephone
number(s) in the event of an emergency during the tour: _____

*:Required field

Participants booking together should specify their rooming preference. Please note that we cannot always guarantee that your rooming preference will always be available. Participants travelling alone and willing to share a room with a member of the same sex should select 'twin' in the rooming requirements section. Please also note that SAKERTOURS has a non-smoking policy.

You should arrange adequate travel insurance to ensure that you are covered for risks such as unexpected cancellation, medical expenses, loss of baggage or money and personal liability. By signing this form you confirm that you have accepted responsibility to arrange adequate travel insurance for all persons mentioned on this booking form.

By submitting this form you confirm that no person included in your booking suffers from any disability or illness, which may prohibit their full participation in this tour. You must also notify us if anyone suffers from a serious medical condition.

By submitting this form you confirm that I have read the full tour description and have also read and accepted SAKERTOURS Booking conditions (Details: <https://www.sakertour.com/booking-conditions/>) on behalf of all persons included in this booking.

Send your completed booking form to: Email: **sakertour.office@gmail.com**

Postal address: **Tarján u. 6, H-4032, Debrecen, Hungary**

Mobile phones: **+36-30-9957765 (Managing director: János Oláh, Jr.)**

+44-7400-636465 (Office manager UK number: Marianna Oláh)

+36-30-4888923 (Office manager HU number: Marianna Oláh)

Signature:*

Date:* ____ / ____ / ____
