

PLEASE RETAIN THE BOOKING CONDITIONS & BOOKING INFORMATION FOR REFERENCE

BIKE ADVENTURES HOLIDAY BOOKING FORM

Please complete this form in **BLOCK CAPITALS**. All members of your party should be included. All sections of the form should be completed, however if certain details such as passport number are not available you may leave these sections blank, but the information should be sent to us as soon as possible.

Passport details are not needed for people participating in UK tours. For foreign tours please note that your name and other details **MUST** be the same as in your passport. Please also advise us immediately if there is a change to any information provided.

First Name	Any other name you prefer to use	Surname	M/F	Date of Birth	Occupation	Special Diet Requirements eg Vegetarian/allergies	Cycling Experience*	Bike Adventures Insurance? **	Nationality	Passport Number	Expiry Date

Address for correspondence:

(All correspondence will be sent to the first named above unless otherwise indicated. Please notify us immediately if your address should change)

.....
Postcode.....
 Tel: (Home/Eves)..... Tel: (Work/Day).....
 Mobile: E-Mail Address:.....

- * Please indicate which of the following best describes your cycling ability:
 1) Occasional. Rarely cycle but can probably manage distances of 10-20 miles
 2) Regular. Ride short distances 1 or 2 times a week, with occasional longer rides
 3) Frequent. Cycle most W/E's and can ride 50-60 miles in undulating country
 4) Experienced. Have ridden over 80 miles in a day and can cope with most hilly terrain

**If you require Bike Adventures Travel Insurance please state "Yes". If you will be arranging alternative cover (or already have an annual policy) please state "No" (Note: If you do not take Bike Adventures Travel Insurance you must send a copy of an alternative policy with your final payment for the holiday).

Please book me/us on the following tour:

(Please copy this form if you wish to book on an additional trip)

Ref
No.....Destination.....Dates.....

Does any member of your party have a medical condition that we should be aware of? YES/NO*

Details.....

Please note any required changes to the holiday (eg extended holiday, alternate travel arrangements etc):

I/We require Bike Transport (additional cost will be added to your invoice): YES/NO*
TO START / FROM FINISH / TO START & RETURN*

Holidays Outside the UK Only – I/We require you to make travel arrangements from the UK to the start of the holiday/return from the holiday: YES/NO*
 (additional fee is payable – a separate form will be sent to you)

Camping Holidays Only – Tent/Sleeping Mat Hire: YES/NO*
 (additional cost will be added to your invoice):

How did you hear of Bike Adventures?.....
 *Please delete as applicable

Please return this form with payment to:
Bike Adventures, PO Box 667, Slough SL5 8XT, England

Accommodation (Standard/Superior (where available) /Twin/Dble/Single Room/Camping)

Additional information is required for Independent Holidays. Please fill in the details on the back of this form.

PAYMENT (Bookings made within 8 weeks of departure should include full payment)

DEPOSIT (20% of the Tour Price) £..... x(No of persons) = £.....
INSURANCE £..... x = £.....
TOTAL £.....

I enclose a cheque for £.....
 (cheques to be made payable to "Bike Adventures")

I have read and agree to the attached Booking Conditions and I enclose the amount shown above on behalf of all the persons named on this form.
 Signed.....Date.....