

# *Birding Colombia* Booking Form

<b>Tour Name:</b>	<b>Dates:</b>
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<b>Mr/Mrs/Miss/Ms or other title</b>	<b>Forename(s) (in full, exactly as in passport)</b>	<b>Surname (Family Name)</b>
<b>1:</b>		
<b>2:</b>		

**What kind room would you prefer?: Double/Twin/Single**

**Special requirements (dietary information, additional hotel bookings etc):**

<b>Address:</b>	<b>Telephone (Home):</b>
	<b>Telephone (Work):</b>
	<b>Mobile:</b>
	<b>Email*:</b>

\*Most correspondence will be sent by email, so your email address is essential.

Deposit Due: £500 per person

I have sent the deposit by bank transfer:

Colombia Adventures Ltd  
HSBC, Newport  
Sort Code: 40 34 27  
Account Number: 72187884

**DETAILS NEEDED FOR ENTRY PERMITS AND OTHER TRAVEL FORMALITIES:**

	<b>Date of Birth (dd/mm/yyyy)</b>	<b>Place of Birth</b>	<b>Nationality</b>	<b>Profession/Retired</b>
<b>1:</b>				
<b>2:</b>				

	<b>Passport Number</b>	<b>Place of Issue</b>	<b>Date of Issue</b>	<b>Date of Expiry (dd/mm/yyyy)</b>
<b>1:</b>				
<b>2:</b>				

**Contact name(s), address(es) and telephone number(s) in case of emergency during the tour:**

Couples should specify their room preference (i.e. Double = one large bed, Twin = two smaller beds). We cannot guarantee your preference will be available. If you are travelling alone and would prefer to share a room (subject to a room-mate being available), you should answer 'Twin' to the room question. Please note that smokers may not smoke in the room if sharing unless the other occupant is also a smoker. Many hotels in Colombia are non-smoking hotels and do not permit smoking in the rooms.

We strongly recommend that you obtain adequate holiday insurance to ensure that you are covered against charges for unexpected cancellation, medical expenses, loss of luggage or money and personal liability claims. By signing this booking form you confirm that you have accepted responsibility to secure adequate holiday insurance for all persons listed on the form.

By signing this booking form you certify that no person included in this booking suffers from any disability which would prohibit full participation in the tour. (In addition, you must advise us if anyone suffers from a potentially serious medical condition.)

I have read and understood the tour description. I have also read, understood and accepted the booking conditions set out in this brochure and confirm I am authorized to accept the conditions on behalf of all persons included in this booking.

**Signature:**

**Date:**

Please email a scanned copy to [info@birding-colombia.com](mailto:info@birding-colombia.com)