

Please complete in BLOCK CAPITALS

Please reserve me place(s) on the following Balkania B-BS Tour(s)	Booking Ref:	Departure Airport
Tour Name and Code:	Tour Dates:	
Alternative Choice:	Tour Dates:	

NAMES AS PER PASSPORT

Title	Forenames	Surname	Name you wish to be known by	Address for correspondence (of the person signing the Form)
				Address:
				Postcode:
				Email:
				Tel: Home:
				Tel: Mobile:

Booking Requirements

What kind of room would you prefer, if available? Please (✓) where applicable. Single Double Twin
 I am travelling alone and would like to share a room with another tour participant, who is A Smoker A Non-smoker
 Please note that if no one else is available for you to share with, we shall have to charge you the single supplement.

Travel Insurance is mandatory. We can advise if you require more information.

Please give the name and a 24-hour emergency telephone number of your insurance company:

Do any of those listed have any medical condition we should know about and/or which would prohibit full participation in the tour? No Yes
 If "Yes" please give details:

Special Requirements: e.g. vegetarian	Name and telephone number of next of kin in case of emergency

My payment, calculated as follows:

• Holiday deposits for persons @ £300 per person (unless otherwise stated) ~ £
 (* Full payment is due if booking 8 weeks or less prior to departure) **TOTAL AMOUNT** ~ £

Types of Payment (please tick):

Recommended:

- Bank transfers/online: () Balkania Travel Ltd.: Barclays Bank PLC, Sort Code 20-29-37, Account No: 23118185
- By credit/debit card: () We accept Visa, Mastercard, JCB, American Express. For security reasons please call us directly on 020 7536 9400
- If paying by cheque: () Please make cheque payable to Balkania Travel Ltd. only And send with this Booking Form c/o Ognian Avgarski, 63 Alphabet Square, London E3 3RT.

I have read and accept the Balkania Travel B-BS Brochure and Booking Conditions and other information contained there in full. I confirm that I am authorised to accept these conditions on behalf of all the above named persons. (All correspondence will be sent to the person whose signature appears below).

Signature:

Date:

PERSONAL DETAILS REQUIRED FOR API (Advance Passenger Information)
Please complete exactly as per passport in block letters

Passenger 1

Title, Forenames, Surname

Nationality

Date of Birth

Passport Number

Date of Issue

Valid Till

Passenger 2

Title, Forenames, Surname

Nationality

Date of Birth

Passport Number

Date of Issue

Valid Till

Passenger 3

Title, Forenames, Surname

Nationality

Date of Birth

Passport Number

Date of Issue

Valid Till
