

# Ocean Adventures BOOKING FORM

Ocean Adventures is a division of Birdquest Ltd  
Fully bonded tour operator: ATOL Protected 2937



PLEASE USE BLOCK LETTERS THROUGHOUT AND COMPLETE BOTH SIDES

<b>Cruise Name:</b>	<b>Ship:</b>
<b>Cruise Dates:</b>	<b>Cabin Category:</b>

<b>Mr/Mrs/Ms/Miss or other title</b>	<b>Forename(s) (in full)</b>	<b>Surname (Family Name)</b>
1:		
2:		

<b>First Name you wish to be known by on the tour</b>
1:
2:

<b>Do you want to have a single occupancy cabin? Yes/No</b>
<b>Do you want us to arrange flights for you (if so, please provide details)? Yes/No</b>

<b>Address(es):</b>
<b>Telephone (Home):</b>
<b>Telephone (Work):</b>
<b>E-mail:</b>

I/We enclose the payment indicated below/wish to make the payment indicated below by Visa or MasterCard/have sent the payment indicated below by bank transfer (delete as applicable).

<b>Cruise Deposit:</b>
<b>Airfare Deposit:</b>
<b>Total:</b>

**Card Number:**

**Expiry Date:**

**Name as on card:**

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

**(If giving details for two people please list them in the same order as on the front of the form!)**

	Date of Birth	Place of Birth	Nationality	Profession
1:				
2:				

	Passport Number	Place of Issue	Date of Issue	Date of Expiry
1:				
2:				

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

**Name of travel insurance provider and policy number (if known):**

If you are travelling alone and would prefer to share a cabin, please answer 'No' to the single occupancy cabin question overleaf. If you are vegetarian, or have any other special dietary requirements, please indicate this here. If you are travelling alone and would prefer to share a cabin, and you are a smoker, please indicate this here.

The deposit required is the amount specified in the in the specific brochure and covering information.

I/We have read the tour description in the brochure and the booking conditions.

I/We accept these booking conditions in full.

I/We do not suffer from any disability which would prohibit full participation in the tour.

(In addition, you must advise us if you suffer from any potentially serious medical condition.)

<b>Signature(s):</b>	<b>Date:</b>
----------------------	--------------

Please send the completed form to: **Ocean Adventures, Two Jays, Kemple End, Stonyhurst, Clitheroe, Lancashire BB7 9QY, England, United Kingdom.**