

BOOKING FORM

Surname _____ First Name _____

Address _____

Postcode _____ Country _____

Telephone (Home) _____ Work _____

Fax or Email _____

Date of Birth: _____ Sex: M. F.

Fitness Level: Excellent Good Average

◆To make the most of your holiday, a healthy degree of fitness is required◆

Names and Date of Birth of other participants booking with you:

1 _____ Date of Birth _____ Fitness _____ Sex: M F

2 _____ Date of Birth _____ Fitness _____ Sex: M F

Your Holiday Location: Guided: Self- Guided:

1st Choice _____ Dates _____

2nd Choice _____ Dates _____

Accommodation: Twin Share (2 beds per room). Double room (One large bed, 2 people)
Single Rooms, when available, will incur a single supplement charge.
Twin _____ Double Room _____ Single (if available) _____

- Have you a medical condition that may affect your diet? – Please advise us.
- Arrival Details: Date, Time, Flight & Airport: _____
- Emergency Contact: _____

METHOD OF PAYMENT:

1. Visa/ Access/Mastercard: Card No.:

Expiry Date: _____ Total Amount Enclosed: _____

Credit Card transactions will be charged in €, your statement will reflect your own currency

2. Transfer to AIB Bank, Foynes, Co. Limerick, Ireland:

Swift; AIBKIE2D...IBAN; IE 35 AIBK 935530 00759031

3. Irish Cheque/ Money Order/Bank Draft – payable to “Walking & Hiking Ireland Limited.”

*If we have read the information as given in **WalkHome WalkAway** Booking Conditions & enclose a booking deposit of **€150** per person per 8-day holiday. If we will pay the outstanding fee **8 weeks prior** to the start of our holiday.*

All cancellations **MUST** be received in this office in writing, by post or fax or e-mail, before the departure date

Signature: _____ Date: _____