

# Soliman Travel

## BOOKING FORM

Address to which all correspondence and documents will be sent Or Travel Agent stamp:

162 Hammersmith Road  
London W6 7JP  
**Tel:** 020 8741 9222  
**Fax:** 020 8741 9292  
**Email :** egypt@solimantravel.com

Lead Booking Name:				Special Request (not Guaranteed)	Contacts; Telephone, Day time: Telephone, Evening Email address:	
Departure Date:		Departure Airport:				
Number of nights:		Room type:				
Tour Ref.& Name :						
Surname (As shown on passport):		Initials	Mr/Mrs/ Miss/Mstr	Insurance	Age	Optional Excursion:
				YES/NO		
				YES/NO		
				YES/NO		
				YES/NO		
				YES/NO		
Please reserve the holiday as detailed above, for all passengers listed, on behalf of whom I enclose a payment for the following deposit / full price				Acceptance: I have read the relevant brochure pages on which details of my holiday are shown ,I understand and accept on behalf of All persons listed, the booking conditions and holiday information. I also accept all persons listed are themselves responsible for seeing that immigration and health requirements are fulfilled *Must be signed by person travelling over 18 years.		
Deposit: £125 per person X.....passenger(s)		£ .....		Name:		Signature:
Insurance: £ ..... per person X.....passenger(s)		£ .....				
Full price of holiday for all passenger(s) in the party		£ .....				
Total amount enclosed		£ .....				
Emergency contact for next of Kin:						
Name:		Tel:		Date:		