

**Soliman Travel****BOOKING FORM**

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

113 Earls Court Road  
 London SW5 9RL  
**Tel:** 020 73705159  
**Fax:** 020 835 1394  
**Email :** egypt@solimantravel.com

|   |  |                    |                      |   |   |
|---|--|--------------------|----------------------|---|---|
| Lead Booking Name:  |  |                    |                      | Special Request<br>(not Guaranteed)   | Contacts;<br>Telephone, Day time:<br>Telephone, Evening<br>Email address: |
| Departure Date:   |  | Departure Airport: |                      |   |   |
| Number of nights:   |  | Room type:         |                      |   |   |
| Tour Ref.& Name :   |  |                    |                      |   |   |
| Surname (As shown on passport):   |  | Initials           | Mr/Mrs/<br>Miss/Mstr | Insurance   | Age   |
|   |  |                    |                      | 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<br>*Must be signed by person travelling over 18 years.<br><br>Name: _____ Sigenture: _____ |   |
| Deposit: £125 per person X.....passenger(s)   |  | £ .....            |                      |   |   |
| 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:<br>Name: _____   |  |                    |                      | Tel: _____ Date: _____  |   |