## **Cathar Country Tours**



## **Booking Form**

Tour.		
Scheduled One-Week Tour	ב	(please tick relevant box)
or Private []-day Tour	ב	(please insert number of days)
From [ To	[]	(please insert dates in format dd/mmm/yy)
Attendees		
Number of tour attendees [	(details on next page)	(please insert number of attendees)
Booking		
I, [	], wish to book this	tour. (please insert name)
I have read and understood the term	s and conditions at	
www.catharcountry.info/tour_terms	(please tick box)	
Cost		
The total cost as agreed is [	(please insert amount)	
The deposit, now due, is: $40\% = [$ .	] Euros.	(please insert amount)
Contact Details		(please insert contact details below)
Address for correspondence:		
	Signed	
	Date	
	e-mail	
	Tel: Home	
	Tel: Work	
	Tel: Mobile	
Special Dietary Requiremen	ts	
Please describe any special dietary r		's in your party. (if any)
	<u> </u>	(9 · · · · · )



## Attendees

(Please fill in details for as many as applicable, and bracket together those who wish to share a room)
(Please print off duplicate pages if your party is larger than 6)

Surname, Forename, + Age (If under 18):							
Nationality& Passport No:							
Insurance Company:							
Travel Policy N	umber:						
Single room		or, Double room		or, Twin room			
Surname, Forename, + Age (If under 18):							
Nationality& Passport No:							
Insurance Company:							
Travel Policy Number:							
Single room		or, Double room		or, Twin room			
Surname, Forename, + Age (If under 18):							
Nationality& Pa	assport No:						
Insurance Comp	oany:						
Travel Policy N	umber:						
Single room		or, Double room		or, Twin room			
Surname, Forename, + Age (If under 18):							
Nationality& Pa	assport No:						
Insurance Comp	oany:						
Travel Policy Number:							
Single room		or, Double room		or, Twin room			
Surname, Forename, + Age (If under 18):							
Nationality& Passport No:							
Insurance Comp	oany:						
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Single room		or, Double room		or, Twin room			
Surname, Forename, + Age (If under 18):							
Nationality& Passport No:							
Insurance Company:							
Travel Policy Number:							
Single room		or, Double room		or, Twin room			

Please print both pages of this form, complete it and either

- (a) Scan it and email the scan to tours@catharcountry.info or
- (b) Mail it to: Cathar Castle Tours, Château St-Ferriol, 1500 St-Ferriol, France.