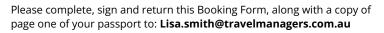
BOOKING FORM

NAME





TOUR NAME:				
MR/MR/MS/MISS FAMILY NAME (AS IN PASSE			FIRST NA	ME (S) (AS IN PASSPORT)
DATE OF BIRTH (DD/MM/YYYY	()		PREFERRED I	NAME
AC			STATE	
				POSTCODE
EMAIL		CONTACT NUMBER		
UNIVERSITY	FAC	CULTY		DEPARTING FROM
EMERGENCY CONTACT		ACCOM	MODATIO	N DECLARATION
FULL NAME:		I AM OK WITH DORMITORY:		
			YES	NO
RELATIONSHIP:		SINGLE SUPPLEMENT QUOTE REQUIRED:		
			YES	NO
CONTACT NUMBER:		I WANT TO SHARE ROOM WITH:		
SPECIAL DIETARY REQUIRE	MENT/ALLER	GIES		
(0.11.11.11.11.11.11.11.11.11.11.11.11.11				
MEDICAL DECLARATION ANY MEDICAL CONDITIONS CURRENTLY TH	AT SCANDIC ESCAPE	S NEEDS TO	RE AWARE OF (F	G STROKE HEART RESPIRATORY
AND PSYCHIATRIC CONDITIONS). THE PURPOSE OF SEEKING THIS INFORMATION IS TO ASSI PARTICIPANT FOR A PARTICULAR TOUR. THE INFORMATIC	ST SCANDI ESCAPES DETER	MINING IN THE S	UITABILITY OF A TOUR	
I HEREBY AGREE TO THE	ATTACHED TER	MS & CO	NDITIONS OF	SCANDI ESCAPES

SIGNATURE