

## PERSONAL DETAILS

Title	FirstName	Surname

## LEAD NAME DETAILS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daytime Tel: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## TRIP DETAILS

Destination: \_\_\_\_\_

Date of Trip: \_\_\_\_\_

Notes/Comments: \_\_\_\_\_

\_\_\_\_\_

## PAYMENT DETAILS

A minimum deposit of £180 per person (or as specified for some itineraries) is required with the balance payable 12 weeks before departure.

Please make all cheques payable to Astro-Expeditions or pay by \*Visa/MasterCard/Switch/Delta

\*A credit card fee of 2% is payable for all Visa/MasterCard transactions. No charge for Switch/Delta.

Please debit my account

Card Number

Start Date: \_\_\_\_\_ Expiry Date : \_\_\_\_\_ Switch Issue No: \_\_\_\_\_ Security Code: \_\_\_\_\_  
(last 3 digits on back of card)

## DECLARATION

I have read and understand this website and Terms & Conditions and accept them on behalf of all persons listed.

I confirm that to the best of my knowledge all persons listed are fit to travel and I also accept that each person listed is personally responsible for fulfilling immigration and health requirements. I am over 18 years of age.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this booking form with a cheque or completed card section to:**

Astro-Expeditions, Fleets, Spatham Lane, Ditchling, Sussex BN6 8XL. UK

Tel: 0203 195 7379 Email: info@astro-expeditions.com Web: www.astro-expeditions.com