sonatours
more choice • more quality • more fun

BOOKING FORM

ABTA No.Y3020

OFFICE USE ONLY

Booking ref _____

Booking by _____

Head Office: Sona Tours Limited, 718 Kenton Road, Kingsbury Circle, Harrow, Middlesex, HA3 9QX, UK · Tel: +44 (0) 20 8951 0111 | info@sonatours.co.uk | www.sonatours.co.uk

PLEASE READ OUR TERMS AND CONDITIONS BEFORE COMPLETING THIS FORM. PLEASE WRITE IN BLOCK CAPITALS.

Tour Information

Tour Name _____ Departure Date D D / M M / Y Y Tour Code _____ Pickup/Drop off Point _____
For Coach Tours only

Passengers Details As Per Passport

Details as per passport	Passenger 1 [Lead Passenger]	Passenger 2	Passenger 3	Passenger 4
Title [Mr/Mrs/Ms/Miss]				
First Name [As per passport]				
Middle Name [As per passport]				
Surname [As per passport]				
Date of Birth	D D / M M / Y Y	D D / M M / Y Y	D D / M M / Y Y	D D / M M / Y Y
Email				
Mobile				
Passport Number	Passport copies to be attached with this booking for all Flight tours			
Nationality [As per passport]				
Issue date of Passport	D D / M M / Y Y	D D / M M / Y Y	D D / M M / Y Y	D D / M M / Y Y
Expiry date of Passport	D D / M M / Y Y	D D / M M / Y Y	D D / M M / Y Y	D D / M M / Y Y
Room Type [Single/Double/Triple/Twin/Family]				
Meal Type [Veg/Non-Veg/Jain/No onion & Garlic]				
Tour Optional Costs				
Special Request / Extension				
TOTAL COST				FINAL COST
Name of Travel Insurer	We highly recommend that you shall have a cover in place at the time of booking			
Travel Policy Number				
Insurer 24hr Worldwide Emergency Number				

Lead Passenger (For correspondence purposes)

Address _____

Post Code _____ Mobile (Compulsory to contact before & on tour) _____ Home Tel _____

Emergency Contact/Next Of Kin

Name _____ Daytime Tel _____ Mobile Tel _____ Email _____

BOOKING DECLARATION

By signing below and on behalf of all the passengers named above I/We have read & agreed to abide by Sonatours Ltd Terms & conditions and general information per website - **www.sonatours.co.uk**. I am over the age 18 and agree the payment method together with the cancellation policy.

SIGNATURE X _____ **PRINT NAME** _____ **DATE** D D / M M / Y Y

[If this form has no signature, it is invalid]

Email completed forms to **bookings@sonatours.co.uk** or post to SONA TOURS LTD, 718 Kenton Road, Kingsbury Circle, Harrow, Middlesex, HA3 9QX, UK

PAYMENT METHODS

If you are making a booking within 4 weeks for either European Coach or Flight tours and 8 weeks for International tours of your travelling date, then full payment is required. For bookings 4 weeks prior to date of travel for either European Coach or Flight Tours then a non refundable deposit of 30% is required and for International tours 50% prior to 8 weeks. Please tick method of payment:

☐ Debit Card* ☐ Visa/Mastercard* ☐ American Express* ☐ CASH ☐ CHEQUE (payable to Sona Tours Ltd) ☐ BANK TRANSFER (Overseas transfer charges to be borne by the remitter)

[*Surcharges: 1% surcharge on personal UK debit card, 3% surcharge on UK credit card and American Express(UK), 7% surcharge on International cards]

Card No _____ Start Date M M Y Y Expiry Date M M Y Y Issue No. (If applicable) _____ CVV (3 digits) _____

I authorise **Sona Tours Ltd** to charge the amount shown on my card. I accept the surcharges as stated on our terms.

Card Holder's Name _____ Card Holder's Signature _____