BOOKING FORM

NAME OF PERSON BOOKING	TITLE OF TOUR	
ADDRESS …… …… ……Postcode:…… Tel No:……Fax:…… Mobile…… Email:……	DEPARTURE FROM	DEPARTURE FROM
	SPECIAL REQUIREMENTS	

NAMES OF PASSENGERS TRAVELLING (as they appear on passport)				HOTEL ACCOMMODATION
Title	**Initials**	**First Name**	**Last Name**	Please indicate whether you require twin-bedded, double-bedded or single-bedded room

PAYMENT	No. of persons	Cost
Deposit (as shown on itinerary)		
Full Payment (if booking is received within 6 weeks of departure)		
Travel Insurance (if you have already received proposal form)		
TOTAL		

Preferred method of payment is by Bank or Building Society cheque made out to S.T. International Tourist Agency. We also accept payment by credit card, however a surcharge of 1.3% on MasterCard or on Visa and 3% on American Express will be incurred if full payment is made in this way. There is no surcharge on deposit payment.

MasterCard ☐ Visa ☐ Amex ☐ *(please tick)* Card No: | | | | | | | | | | | | | | | | |

Name and address of cardholder:……

……Expiry Date:……

Travel insurance is strongly recommended and a proposal form will be sent to you.

Signed:……

Date:……

STITA SPECIAL DESTINATIONS

ABTA V4532

1 Bath Street, Cheltenham
Gloucestershire, GL50 1YE
Tel: (01242) 515712
Fax: (01242) 521422
Email: office@stita.co.uk

0570 ATOL PROTECTED

IMPORTANT – PLEASE READ BOOKING CONDITIONS