

BOOKING FORM

Please complete all parts of this booking form and either email it or fax it to us, the information will help us to make your trip as trouble free as possible. Our company's contact details are at the bottom of this form.

Mr/Mrs Miss/Ms	First name	Last Name	Date of Birth	Nationality	level of * Fitness

We require the exact names as in you passport.

* Please indicate on a scale of 1 to 10 your level of fitness 1 being least fit 10 being most fit

Please enclose deposit of £150.00 per person or full payment if within 8 weeks of departure.

Make all cheques payable to **CROCODILE TOURS & ADVENTURES.**

Contact details:

Address :	
	Post Code :
Daytime Phone :	Email address:

Details of your tour / trip

Name of tour :	date of departure :
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Do you have a special dietary requirement?

Does any member of your party have a medical condition, disability or impediment we should be aware of? Please give details below.

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It is essential that you have adequate travel insurance; you should take this out at the time of booking.

Please give us details of your travel insurance. :
Name of your insurers. :
Insurers emergency contact number. :
Policy number and names of the insured. :

We also need to know who to get in touch with in the event of an emergency.

Next of kin contact

1	Name :	Contact No. :
2	Name :	Contact No. :

Please make sure you have read our booking conditions and the general information before signing.

Please sign

Print Name

The person first named on the booking form should sign on behalf of everyone on the booking form.

Head Office:

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