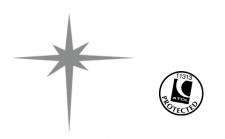
Northern Star Travel Ltd ... The art of Pilgrimages 0161 773 2115

Future marketing preference: Post Email None



BOOKING FORM

Please give name and full address, including POST CODE, in BLOCK CAPITALS Name									
Address									
Postcode									
Tel Mobile									
Email									
Destination		Departure date:		Pick-up point:		No. of Days:		Coach seat no's for coach pilgrimages only:	
PASSPORT NAME OF AL			TDAY/ELLEDO		Hotel Accommodation Preferred		- D f	Toward	
	T NAME OF	ALL	RAVELLERS			2 200		Tuinle	Travel Insurance
Mr Mrs Ms Miss	1st Name		Surname		Single Room	Double Room	Twin Room	Triple Room	Required
Any other relevant information (i.e. mobility or dietary needs etc.)									
PAYMENT	SECTION	Full paym	nent due if tour i	is booked les	s than six we	eks before d	eparture.		
I enclose Deposits for persons at £ Per Person								£	
I enclose Insurances for persons at £ Per Person £									
I enclose Full Payments for persons at £ Per Person £									
TOTAL AMOUNT ENCLOSED (Cheques made payable to Northern Star Travel)									
If you wish to pay by card please complete the following section Please debit my Visa / MasterCard									
Card number Expiry date									
Name on card									
It is a condition of travel that you take out adequate travel insurance for all travellers, the policy must include cancellation, medical expenses and repatriation back to your place of residence should you be hospitalised whilst away, please tick this box to confirm that all passengers have travel insurance.									

Please tick relevant box

PASSPORT INFORMATION IS REQUIRED FOR ALL BOOKINGS

PASSPORT NAME:	DATE OF BIRTH:
PASSPORT NUMBER:	NATIONALITY:
EXPIRY DATE OF PASSPORT:	COUNTRY OF ISSUE:
PASSPORT NAME:	DATE OF BIRTH:
PASSPORT NUMBER:	NATIONALITY:
EXPIRY DATE OF PASSPORT:	COUNTRY OF ISSUE:
PASSPORT NAME:	
PASSPORT NUMBER:	NATIONALITY:
EXPIRY DATE OF PASSPORT:	COUNTRY OF ISSUE:
PASSPORT NAME:	
PASSPORT NUMBER:	NATIONALITY:
EXPIRY DATE OF PASSPORT:	COUNTRY OF ISSUE:
PASSPORT NAME:	
PASSPORT NUMBER:	NATIONALITY:
EXPIRY DATE OF PASSPORT:	
PASSPORT NAME:	
PASSPORT NUMBER:	NATIONALITY:
EXPIRY DATE OF PASSPORT:	COUNTRY OF ISSUE:
Signed:	Date: