





BOOKING FORM

Balkania Travel Ltd 79 College Road, Harrow Middlesex, HA1 1BD, UK www.balkaniatravel.com

Please con	nplete in BLOCK CAPITALS				
Please reserve me place(s) on the following Balkania B-BS Tour(s)			Booking Ref:	Departure Airport	
Tour Name and Code:			Tour Dates:		
Alternative Choice:			Tour Dates:		
NAMES AS	PER PASSPORT		•		
Title	Forenames	Surname	Name you wish to be known by	Address for correspondence (of the person signing the Form)	
				Address:	
				Postcode:	
				Email: Tel: Home:	
				Tel: Mobile:	
				Tel. Wobile.	
	Requirements				
What kind	of room would you prefer, if a	vailable? Please ($\sqrt{\ }$) where applic	cable.	Single □	Double ☐ Twin ☐
I am travel	ling alone and would like to sl	nare a room with another tour par	rticipant, who is	A Smoker □	A Non-smoker \square
Please not	e that if no one else is availat	ole for you to share with, we shall	have to charge you the singl	e supplement.	
Travel Ins	urance is mandatory. We ca	n advise if you require more in	formation.		
		ergency telephone number of yo			
	those listed have any medical ease give details:	condition we should know about	and/or which would prohibit	full participation in the tour?	No □ Yes □
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PERSONAL DETAILS FOR AIRLINE ONLINE CHECK-IN - Please complete exactly as per passport in block letters (If people wish to complete their own online flight check-in, they do not need to provide us with this information.)

Passenger 1
Title, Forenames, Surname
Nationality
Date of Birth
Passport Number
Date of Issue
Valid Till
Passenger 2
Title, Forenames, Surname
Nationality
Date of Birth
Passport Number
Date of Issue
Valid Till
Passenger 3
Title, Forenames, Surname
Nationality
Date of Birth
Passport Number
Date of Issue
Valid Till