



BOOKING FORM

Please complete this form in **BLOCK CAPITALS**

- | | |
|---|---|
| <ul style="list-style-type: none"> To make a booking please contact us first to check availability Please read our booking conditions, complete and sign the booking form, and return it to us together with the appropriate deposit (or full payment if less than 10 weeks prior to departure. If there are any details you cannot provide at this time, please write TBA in the relevant space and forward the details as soon as possible Once we receive your booking form and remittance we will process your booking and send you a confirmation invoice. Please check this carefully and inform us immediately if any details appear to be incorrect. If you delay in informing us, we may be unable to make changes or correct errors. | <ul style="list-style-type: none"> Approximately 12 weeks before departure we will send you your final invoice and general information for travellers containing useful information on passport, visa and health requirements and tips on how to prepare for your holiday. Your full balance for the holiday is payable 10 weeks prior to departure. Please pay this promptly to avoid unnecessary embarrassment. Your final documentation will be sent to you approximately 2 weeks before departure. Please check these carefully and inform us immediately if anything appears to be incorrect. |
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Ride Name	Dates	Price	No. of Riders
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Details	Rider 1	Rider 2	Rider 3	Rider 4
Full Name				
Date of Birth				
Passport Number				
Height in Meters				
Weight in Kilos				
Allergies				
Dietary Requirements				
No. of Years Riding?				
When did you last ride?				
How often do you ride?				
State proficiency:				
Walk				
Trot				
Canter				
Gallop				
Cross Country				
Jumping				
What type of riding do you mainly do?				
Do you have your own horse?				

Please state your flight details so that we may inform the riding centre				
Outbound Date:	Airline:	Flight No:	Departure Time:	Arrival Time:
Outbound Date:	Airline:	Flight No:	Departure Time:	Arrival Time:



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Continued

Please complete this form in BLOCK CAPITALS

Name and Address for Correspondence _____

Tel. Home _____ Tel. Work _____ Mobile _____

Fax _____ Email _____

I enclose deposit/full payment of £ _____ for the aforementioned holiday.

(The deposit is £300 per person. Please note that some USA and Canada ranch holidays require a larger deposit. Please contact Equitour for more details. If your booking is less than 10 weeks before departure then full payment is required)

I wish to pay my balance by: Credit Card Cheque Bank Transfer

Please debit my Mastercard\Visa\Switch No. (Switch Only)

Expiry Date	Issue No.	Security No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please charge this amount £

Please note there is a 3% surcharge on all credit card payments

Card Holders Signature

Address of Credit Card Holder (if different from above) _____

Signature _____ Date _____

NB Signature indicates acceptance of booking conditions of all members of the party

I Heard About Equitour: _____

Please include details of all members in the party:

Name	Address
Name	Address
Name	Address
Name	Address
Name	Address

Please return this form with remittance to:
Equitour Worldwide Riding Holidays, Petershold Farm, Minstead, Lyndhurst, Hants SO43 7GJ
If you have any questions please contact us on **0800 043 7942** or email **louise@equitour.co.uk**

Travel Insurance – Important Note

It is absolutely essential, and a requirement of our booking conditions that you are fully insured for your holiday, especially cancellation and curtailment. If you already have travel insurance please make sure that it covers you for all the activities you will undertake during the course of your holiday e.g Horse Riding, Hiking, Trekking etc.

If you do not have travel insurance organised then please look at our website where you will find a link to our preferred insurance provider. You will be able to obtain a competitive quotation for your holiday with no obligation.

Insurer _____ Policy No _____ Insurers Emergency Tel. No _____