

# SOMEWHERE IN FRANCE : BESPOKE BATTLEFIELD TOURS : BOOKING FORM

NAME AND ADDRESS OF PERSON MAKING THE BOOKING (block capitals, please)

Name:	
Address:	
Telephone: (day)	(evening)
E-mail:	

NAMES OF THE PERSONS IN YOUR PROPOSED PARTY  
(additional names may be written on a separate sheet)

Title	First Name	Surname	Nationality	Age

CONVENIENT PICK-UP POINTS (if applicable)


YOUR PERSONAL PILGRIMAGE REQUESTS: SPECIFIC GRAVES, MEMORIALS, PLACES OR ENGAGEMENTS

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Please turn over

**SPECIAL DIETARY OR MOBILITY REQUIREMENTS (if applicable)**

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**TRAVEL INSURANCE**

You must be insured to travel with us. We recommend that such insurance should include cancellation cover.

Name of Insurance Company	Policy Number	Insurance Emergency Contact Number

**CONTACT DETAILS IN CASE OF EMERGENCY**

Name	Home Telephone Number	Mobile or Business Number

**CHOICE OF TOUR**

	Number of Places	Single Supplement?	Single, Twin, Double Room?	Deposit enclosed <i>(20% of cost per traveller)</i>
Tour One <i>Five days</i> <i>(£495.00)</i>				
Tour Two <i>Six days</i> <i>(£595.00)</i>				

On behalf of all those named in this 'Somewhere in France' booking form, I confirm that I have read and accept the conditions set out in the accompanying brochure. I enclose my deposit cheque, postal order or Sterling bank draft payable to 'Somewhere in France'. Alternatively you can pay direct to our bank account using the following details:

'Somewhere in France' Lloyds TSB Account Number 000 47 603 Sort Code 30-25-81

Signed:
Date:

**PLEASE RETURN YOUR COMPLETED FORM, TOGETHER WITH ANY OTHER RELEVANT REQUESTS OR INFORMATION, TO THE FOLLOWING ADDRESS:**

'Somewhere in France'  
27 Priestfield Road,  
Edinburgh  
EH16 5HU

Telephone: +44 (0) 131 667 0760  
Mobile: 07768 334 944  
E-mail: [enquiries@somewhere-in-france.com](mailto:enquiries@somewhere-in-france.com)  
Web: [www.somewhere-in-france.com](http://www.somewhere-in-france.com)