



DID EXTREME EXPEDITIONS

BOOKING FORM

PLEASE WRITE CLEARLY IN CAPITALS

SAFARI : _____
DATES : _____
COST (PER PERSON) : £ _____
NO.ADULTS : _____ NO.CHILDREN : _____

MAIN DRIVER (THE 'AGENT' FOR YOUR PASSENGERS)

TITLE : _____ INITIAL(S) : _____ FORENAME(S) : _____
SURNAME : _____ DATE OF BIRTH : _____
ADDRESS 1 : _____
ADDRESS 2 : _____
CITY : _____ COUNTY : _____ POSTCODE : _____
COUNTRY : _____ E-MAIL : _____
HOME TEL : _____ WORK TEL : _____ MOBILE : _____
EMERGENCY TEL.WHEN ABROAD : _____
PASSPORT NO : _____ EXPIRY DATE : _____
WHERE ISSUED : _____ NATIONALITY : _____
OCCUPATION : _____
RELEVANT MEDICAL CONDITIONS - PLEASE LIST + MEDICATION (I.D.) : _____

VEHICLE DETAILS (AS ON THE REGISTRATION DOCUMENT)

MAKE : _____ MODEL : _____
YEAR : _____ REG.NO : _____ FUEL TYPE : _____
VEHICLE IDENTIFICATION NO : _____

PASSENGER 1 (PLEASE COPY OVERLEAF FOR ALL OTHER PASSENGERS)

TITLE : _____ INITIAL(S) : _____ FORENAME(S) : _____
SURNAME : _____ DATE OF BIRTH : _____
ADDRESS 1 : _____
ADDRESS 2 : _____
CITY : _____ COUNTY : _____ POSTCODE : _____
COUNTRY : _____ E-MAIL : _____
PASSPORT NO : _____ EXPIRY DATE : _____
WHERE ISSUED : _____ NATIONALITY : _____
OCCUPATION : _____
RELEVANT MEDICAL CONDITIONS - PLEASE LIST + MEDICATION (I.D.) : _____

I HAVE RECEIVED & INFORMED ALL OF THE PASSENGERS IN MY VEHICLE OF THE BOOKING TERMS AND CONDITIONS AND AS THEIR 'AGENT' ACCEPT THEM ON THEIR BEHALF. I ENCLOSE A CHEQUE DEPOSIT OF £200 PER ADULT.

SIGNED _____ PRINT NAME _____ DATE _____

RECEIPT & CONFIRMATION WILL BE FORWARDED TO YOURSELF.
WHERE DID YOU FIRST HEAR OF TRAILMASTERS ? _____

PLEASE COMPLETE & RETURN TO : TRAILMASTERS INT. LTD., 35 SKIPWITH ROAD, ESCRICK, YORK, YO19 6JA
TEL : 01904 728461 FAX : 01904 728461 WWW.TRAILMASTERS.CO.UK