

Gaia Visions Retreat

Booking Form

Send to: Gaia Visions, 36 Woodstock Avenue, Sutton, Surrey SM3 9EF
(cheques payable to R.F. Engelhardt)

Participant 1	Participant 2
Name :	Name :
Address :	Address :
Tel(Day/Eve):	Tel(Day/Eve):
E mail :	E mail :
Contact in case of emergency:	Contact in case of emergency:

Holiday Dates & Type:

Payment Details

Holiday Price

Single Room Supplement £110

Other Optional Extras

Total

I am making a deposit/full payment of

Flight Details :

Flight No.

Name of airline

Time and Date of Arrival

Time and Date of Departure

Name of Airport Departing From

Health Issues: Please detail medical conditions, special dietary requirements, medication requirements and if you are under medical or psychiatric supervision or had any major physical or emotional illness. Please give details and if appropriate confirm in writing you are fit to travel and enclose a doctor's certificate.

Name and Details:

Please note non-disclosure of relevant information can invalidate your insurance and cancel our contractual obligation to you. Disclosure helps us to look after you and your needs. All information is confidential.

Insurance Declaration: Please circle one of the below and fill in details where relevant

A. I have not yet arranged insurance but will inform you as soon as I do.

B. I have taken insurance cover with:

Policy number:

Signature

Booking Declaration

All Bookings: (Please sign here for your booking to be accepted).

I have read and agree to accept the conditions of booking, and the cancellation conditions, which form part of this contract. I acknowledge that full payment is due eight weeks before departure date.

Signature

Date