



Ireland The North 1			28	28 May - 15 June 2022			<i>Tour No.</i> RD211			
	Mr Mrs Miss	Surname	First name as on passport	Date of birth (DDMM YY)	Passport no & expiry date DDMMYY	Nationality				
1										
2										
People booking together but not residing at the same address, or who have different responses to questions a to e, must complete separate Booking Forms.										

Address:			Post Code:		
Phone: (day) (e		eve) (mobile)			
Email:					
before, give experiences	ve not been with this leader details of recent cycling/touring s, including any CTC or privately u have been on:				
b) Indicate v contacted in	who you would wish to be a case of an emergency:	Contact name:	Relationship to you:		
	Address:	·	Phone:		
c) Give details of any medical, mental or physical condition or learning difficulty that the leader or emergency personnel ought to be aware of (include any medications you take):					
this tour abo	f there is any particular aspect of but which you feel you might need r information:				
e) Special requests: e.g. meals, rooms, sharing with someone (special requests cannot be guaranteed and are subject to availability)					

How did you find out about this tour? (tick one)								
Browsing the webThrough a friend or othe	r tour leaderBikexplor	e newsletter0	Other					
Details for payments by Internet Banking to; 'Bikex	plore' Sort Code; 60-83-71	Acc No, 42270533 .	Ref, Tour no	. and Your Name				
Are you happy for your Email details to be shared with other clients on this tour? Yes / No								
Are you happy for any photographs taken of you on this tour to be used for publicity purposes ? Yes / No								
Signature;	Name		Date;					