

Normandy Chateau Week – 7th – 14th August 2021

Title	Surname	Given names*	Birthdate	Nationality	Passport number	Expiry
*Full names on passport. Then (in brackets) the name – if different – by which you are usually known						
Address:						
				Postcode		
Landline phone			Mobile phone		Email address	
NEXT OF KIN or other person who should be contacted in an emergency			Name:		Relationship to you	
Address:					Phone:	
MEDICAL: Please describe any, medical or physical conditions as well as any medications that the Tour Leader should be aware of.						
DIETARY REQUIREMENTS: Please describe any food allergies and/or vegetarian or pescetarian.						
SPECIAL REQUESTS: Single room/sharing preference						
INSURANCE SECTION – Please Complete or inform Neil as soon as you acquire cover						
Insurance Provider			Policy Number		Emergency assistance phone number	
DECLARATION						
I understand that this tour is an excursion arranged amongst friends, of whom the leader has agreed to organize the tour, negotiate prices and put processes in place. I will do my part to ensure the success of the tour and will not hold the leader responsible for any difficulty that I may experience, unless directly caused by the leader. I confirm that I have permission to sign for all parties noted on this form						
Name			Signature		Date	

Return this form to Neil Wheadon, Brook Cottages, High Street, Lower Coleford, Somerset BA3 5LS. A signature is required either as a scan or postal.