SLOWTRAVEL
experience

Booking Form

I/We declare the wish to book as follows: _____

Travel Dates: _____ till _____ Number of Travelers: _____

Travel Fare per Traveler: _____

Data of the Passenger:

Family Name: _____ Given Name: _____ Date of Birth: _____

Place of Birth: _____ Sex: _____ Nationality: _____

Telephone No. during the day: _____ Mobile: _____

Email: _____ Complete home address: _____

Additional Traveler:

1. Family Name: _____ Given Name: _____ Date of Birth: _____

2. Family Name: _____ Given Name: _____ Date of Birth: _____

3. Family Name: _____ Given Name: _____ Date of Birth: _____

Who should be informed in case of emergency (Name, Address, Telephone): _____

Are all persons listed on this questionnaire covered by an international health insurance with repatriation benefits?   Yes: _____   No: _____

How did you know about 'SLOWTRAVEL experience'? (Advertisment, Internet, Google, Friends, etc.)

_____

Is there anything else we should know?

_____

_____

I herewith declare that this booking is binding and I accept the 'General Terms and Conditions' (see our website or ask us to send them to you). I also declare that I am responsible for the obligations of the participants I have registered as if they were my own.

Place, Date _____   Signature _____