

Cycling Europe

Booking Form

Name of Tour: _____
Start Date: ____ / ____ / ____
Length: _____ days _____ nights
Tour Start Place: _____
Type of Tour: Independent Guided

Complete this section for **bike and boat** tours

Number of Travellers and Cabin Type:
This booking is for: _____ people.
How many cabins? _____ single _____ double _____ twin
Deck: Upper Lower Main Promenade

Complete this section for **bike only** tours

Number of Travellers and Room Type:
This booking is for: _____ people.
How many rooms? _____ single _____ double _____ twin

Pre and Post Tour Accommodation Required:
Please book us extra nights: Place: _____
From: ____ / ____ / ____ To: ____ / ____ / ____
= _____ Nights before the tour after the tour
Place: _____
From: ____ / ____ / ____ To: ____ / ____ / ____
= _____ Nights before the tour after the tour

NZ Departure Date: ____ / ____ / ____

Insurance:
Do you require travel insurance? YES / NO
Do you have any medical conditions or allergies? YES / NO

Do you have any special dietary requirements: YES / NO

Tick **only** the options offered on your selected tour

Accommodation Category A B
Meals: Breakfast Half Board
Bike Options:
Frame Type: Ladies Mens
 Rent 7/21/24/27 gear bike with hand brakes: (subject to trip chosen)
 Rent electric bike Helmet (if available)

1) Name as per passport _____
_____ Height (m) _____
Date of Birth _____ Nationality _____
Passport Number _____
Issue Date ____ / ____ / ____ Expiry Date ____ / ____ / ____

2) Name as per passport _____
_____ Height (m) _____
Date of Birth _____ Nationality _____
Passport Number _____
Issue Date ____ / ____ / ____ Expiry Date ____ / ____ / ____

Address _____

Phone (home) _____
Phone (bus) _____
Phone (mob) _____
Email Address _____

Emergency Contact:
Name: _____
Phone: _____
Email: _____

Payment: Please debit my credit card for the deposit: VISA / Mastercard
 I would like to pay by internet banking
Account Number: 02 0100 0213839 00
Reference: your surname
 I would like to pay by cheque and enclose a deposit of \$450 per person
Card No. _____
Expiry Date: ____ / ____ / ____ CCV# (on reverse of card) _____
Cardholder Name _____
Signed _____ Date: ____ / ____ / ____

I/We have read and understood the booking conditions.
Signed _____
Date ____ / ____ / ____

BOOK THROUGH

A Walker's World

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OR YOUR TRAVEL AGENT

Don't just see the world. Experience it.