

# BOOKING FORM

We are very pleased to welcome you on one of our tours. In order that we ensure that we have all the necessary information from you we ask you to complete this booking form.



**SPIRIT**  
OF REMEMBRANCE

BATTLEFIELD TOURS FOR DISCERNING TRAVELLERS

**Tel:** +44 (0) 1634 233 785

**email:** operations@spiritofremembrance.com

NAME OF TOUR	TOUR CODE	TOUR DATE
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**PASSENGER DETAILS** If there are more than four passengers, please continue on a separate sheet

TITLE	FIRST NAME (as on passport)	PREFERRED NAME (if different)	SURNAME (as on passport)	MOBILE (if you have one) are essential so that we can contact you while travelling
1				
2				
3				
4				

**ADDRESS, TELEPHONE & EMAIL OF LEAD PASSENGER** (to whom all correspondence should be sent)

ADDRESS		POSTCODE
DAYTIME TELEPHONE	EMAIL	

**ACCOMMODATION** (please indicate number of rooms required)

SINGLE ROOM     TWIN ROOM\*     DOUBLE ROOM     \*NAME OF PERSON (if known) \_\_\_\_\_  
 TRIPLE ROOM     \_\_\_\_\_  
 Special requests cannot be guaranteed eg: disabled, smoking etc

**DIETARY REQUIREMENTS** (please indicate which passenger has special dietary needs)

VEGETARIAN (will eat fish/dairy)     VEGAN     KOSHER     ALLERGIC to/will not eat (please specify) \_\_\_\_\_  
 VEGETARIAN (will not eat fish/dairy)     GLUTEN FREE     \_\_\_\_\_

**PRE AND POST TOUR ACCOMMODATION** Please indicate number of nights and rooms required. We will advise you of the best available

	NIGHTS	ROOMS	LOCATION	NIGHTS	ROOMS	HOTEL NAME / APPROX COST
PRE TOUR						
POST TOUR						

**INSURANCE** (you must be adequately insured to travel with us, see Booking Conditions)

NAME OF INSURER	POLICY NUMBER	EMERGENCY CLAIM / ASSISTANCE TELEPHONE
1		
2		
3		
4		

**PASSENGER PASSPORT INFORMATION**

NATIONALITY	DATE OF BIRTH	COUNTRY OF BIRTH	PASSPORT NUMBER	PLACE OF ISSUE (ie UKPA/IPS)	ISSUE DATE	EXPIRY DATE
1						
2						
3						
4						

# BOOKING FORM

*Continued*



**SPIRIT**  
OF REMEMBRANCE

BATTLEFIELD TOURS FOR DISCERNING TRAVELLERS

Spirit of Remembrance Ltd Registered in England & Wales Number: 07790518

Registered Office: Mallards, Wetham Green, Upchurch, Kent ME9 7EY, UK

Tel: +44 (0) 1634 233 785

email: [operations@spiritofremembrance.com](mailto:operations@spiritofremembrance.com)

## EMERGENCY CONTACT (next of kin or person to contact in event of emergency)

NAME	DAYTIME TELEPHONE	EVENING TELEPHONE	RELATIONSHIP TO PASSENGER (if any)
1			
2			
3			
4			

## PERSONAL GRAVE OR MEMORIAL VISIT

CASUALTY NAME	RANK		
REGIMENT			
SERVICE NUMBER	DATE OF DEATH	YOUR RELATIONSHIP TO CASUALTY	
CEMETERY/MEMORIAL	PLOT	ROW	GRAVES/PANEL

COMMENTS:

## PAYMENT All deposits are NON-REFUNDABLE.

1. DEPOSITS: (Required in order to confirm your booking)

DAY & ULTRA DAY TOURS: EUR € 200 Per Person  
EXTENDED/ MULTI DAY TOURS: EUR € 400 Per Person

2. FULL PAYMENTS: (Required when booking within 90 days prior to tour departure)

### METHODS OF PAYMENTS

1. CREDIT CARDS: We accept VISA & MasterCard only

Payment is taken in EURO, converted from your home currency by WorldPay, who also take a fee of approximately 2.85%. This fee is added to your payment when you complete the secure online payment at <https://www.spiritofremembrance.com/page/secure-payment-facility>

2. BANK TRANSFER: EURO TRUST ACCOUNT

Account Name: SPIRIT OF REMEMBRANCE LTD.  
Bank: National Westminster Bank, 63 Piccadilly, London W1J 0AJ, UK  
Account #: 550/00/48055727 (BIC: NWBKGB2L / IBAN: GB72NWBK60721148055727)

## AS LEAD PASSENGER, I AM SIGNING ON BEHALF OF THOSE DETAILED ON THIS FORM:

### DECLARATION - TERMS & CONDITIONS <https://www.spiritofremembrance.com/page/terms-conditions>

I have read and accept on behalf of all persons listed above the Booking Conditions which form the contract. I accept that the persons listed are responsible for ensuring they fulfil all immigration and health requirements. I am authorised to sign this declaration on behalf of all persons listed above. I am 18 years of age or over.

### TRAVEL INSURANCE INDEMNITY

I hereby undertake to ensure that adequate travel insurance is taken out by or on behalf of all persons listed on this booking form. Furthermore, I absolve Spirit of Remembrance of all possible liabilities that may arise due to the failure to take out such travel insurance.

PRINT NAME	SIGNATURE	DATE
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For additional passengers please continue on a separate sheet.