

Oshwal Elderly Welfare Association

Please complete and return this form to:
 Oshwal Elderly Welfare Association, 35 Upton Road, Thornton Heath, Surrey CR7 8PR
www.oewa.org.uk



BOOKING FORM

HOLIDAY	DEPARTURE DATE
BULGARIA	27th May 2012

MEMBERSHIP NO.	FULL NAME AS PER PASSPORT	DATE OF BIRTH	PASSPORT NUMBER	NATIONALITY	FARE PER PERSON
					£
					£
PRIVATE ADDRESS (LEAD NAME) Essential for Immigration purpose		TRAVEL INSURANCE & VISA			
Address:		Medical and Travel Insurance must be obtained.		Sub - Total	£
		Copy of the Travel Insurance and Passport to be attached with this booking form. for all names. It is your Responsibility to acquire valid visa, for country of visit.		Tips & Gratuity £ 10.00 per person	£
				Total	£
		MEDICAL DECLARATION		Special Request	
		Please name any members of your party suffering from a physical, mental disability or chronic illness, which may affect their health and mobility during the holiday. Please advise details.		(No Jain Meals)	
Post Code:					
Tel. No. Home:					
Tel. No. Work:					
E Mail Address:				Every attempt will be made to satisfy your request but cannot be guaranteed	

CONTACT NAME

Please give the name and address of someone in UK who you hereby confirm we may contact in case of an emergency arising during your stay with us.

Mr/Mrs/Miss/Ms _____

Address: _____

_____ Post Code: _____

Telephone: _____ Email: _____

I have read on behalf of all persons named above the Booking conditions and accept the Terms and Contents.

Signature.....Date.....

The person signing the booking form does so on his/her own behalf and on behalf of all the other persons named on the booking form. In signing warrants that he/she is authorised to do so by everyone on the booking form and that each and every person on the form accepts these terms and conditions.

Please make cheque payable to: "Oshwal Elderly Welfare Association"
Registered Charity No. 1073032