

BOOKING FORM

PLEASE FILL THIS BOOKING FORM IN BLOCK CAPITALS AND RETURN SIGNED WITH A BOOKING DEPOSIT OF €200 PER PERSON. **PLEASE NOTE ALL DEPOSITS ARE NON-REFUNDABLE**

DESTINATION: _____

FULL NAME: _____

PLEASE FILL IN PASSPORT NAMES AND DETAILS ON FOLLOWING PAGE

ADDRESS: _____

NUMBER OF GOLFERS: _____

CLUB HANDICAPS: _____

DEPARTURE AIRPORT: _____

DEPARTURE DATE: _____

RETURN DATE: _____

EMAIL ADDRESS: _____

TELEPHONE NUMBER: _____

SPECIAL REQUESTS: _____

SIGNATURE: _____

DATE: _____

PASSPORT DETAILS

PLEASE FILL IN THE FOLLOWING WITH THE PASSPORT DETAILS OF EACH PERSON TRAVELLING EXACTLY AS THEY APPEAR ON THEIR PASSPORT. WE REQUIRE **FIRST NAME(S)** (INCLUDING MIDDLE NAME IF IT APPEARS ON YOUR PASSPORT), **SURNAME, DATE OF BIRTH, PASSPORT NUMBER** AND **DATE OF EXPIRY**.



FIRST NAME(S)	SURNAME	PASSPORT NUMBER	DATE OF BIRTH	FULL EXPIRY DATE

PLEASE RETURN BOOKING FORM AND DEPOSITS TO:

PAUL CURRAN
KILLESTER TRAVEL,
169 HOWTH ROAD,
KILLESTER,
DUBLIN 3

SHOULD YOU HAVE ANY QUERIES PLEASE CALL PAUL ON 01 8336935 OR EMAIL paul@killestertravel.com