

On the Tudor Trail

In the Footsteps of Anne Boleyn: History by day, Spirits by night

April 3rd- April 11th 2012

Contact Details

First Name: _____

Surname: _____

Male/Female:

Date of Birth: _____

Address

Number: _____

Street: _____

Town: _____

City: _____

State: _____

Post code/ Zip code: _____

Country: _____

Home phone number: _____

Mobile/cell phone number: _____

Email address: _____

Emergency Contact (Details of a person that On the Tudor Trail can contact in case of an emergency during the tour)

Full Name: _____

Home phone number: (include international dialing code) _____

Mobile/cell phone number: _____

Email address: _____

Country of Residence: _____

Relationship to you: _____

Additional Travellers

How many people are travelling with you?

Names of all travellers in your party: (Supply full contact details for all additional travellers at the end of this form)

Do you require a double, single or twin room?

Do you or any of your party have any special requirements or special needs?

Payment information

Tour Cost	Required Deposit
Single occupancy= £3250	£650
Double occupancy= £2950	£442.50 per person

A 15% deposit is required when booking with the balance required by **December 3, 2011**.

Send payment via Paypal to natalie@onthetudortrail.com

Please circle to indicate that you have read and agree to all booking conditions, including On the Tudor Trail's cancellation policy.

Yes No

Please return the completed and signed form to natalie@onthetudortrail.com (Remember to print the form, sign, scan and then email).

Or alternatively, post to:

On the Tudor Trail

PO Box 179

Oyster Bay, NSW 2225

Australia

Name: _____

Signed:

Date:

Additional Travellers 1:

Contact Details

First Name: _____

Surname: _____

Male/Female:

Date of Birth: _____

Address

Number: _____

Street: _____

Town: _____

City: _____

State: _____

Post code/ Zip code: _____

Country: _____

Home phone number: _____

Mobile/cell phone number: _____

Email address: _____

Traveller 2:

Contact Details

First Name: _____

Surname: _____

Male/Female:

Date of Birth: _____

Address

Number: _____

Street: _____

Town: _____

City: _____

State: _____

Post code/ Zip code: _____

Country: _____

Home phone number: _____

Mobile/cell phone number: _____

Email address: _____

Traveller 3:

Contact Details

First Name: _____

Surname: _____

Male/Female:

Date of Birth: _____

Address

Number: _____

Street: _____

Town: _____

City: _____

State: _____

Post code/ Zip code: _____

Country: _____

Home phone number: _____

Mobile/cell phone number: _____

Email address: _____

Traveller 4:

Contact Details

First Name: _____

Surname: _____

Male/Female:

Date of Birth: _____

Address

Number: _____

Street: _____

Town: _____

City: _____

State: _____

Post code/ Zip code: _____

Country: _____

Home phone number: _____

Mobile/cell phone number: _____

Email address: _____