

# STARS INTERNATIONAL TOUR BOOKING FORM (v7.0)

(Please Use Block Capitals)

**PLEASE NOTE - A SEPARATE FORM IS REQUIRED FOR EACH TOUR & PERSON BOOKING**

*On forms which accompany further payments, only Items 2 to 5, 13 and 20 to 21 need to be completed*

1. **Membership No (if existing)** .....

2. **Name** .....

3. **Address (inc Post Code)**

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.....

4. **Home Tel No:** .....

5. **Mobile No:** .....

6. **Email:** .....

7. **Emergency Contact Name and No** .....

8. **Passport Number** .....

9. **Nationality** .....

10. **Date of Birth** .....

11. **Place of Birth** .....

12. **Date Passport Expires** .....

13. **Name & Date of Tour** .....

14. **Pick Up Point** .....

15. **Drop Off Point** .....

16. **Single Hotel Room required?** YES / NO

17. **Double Seat required on Coach? (Preferred Seat Scheme)** YES / NO

18. **Rail Ticket requirements? (if applicable)** YES / NO

**19. Special Requests**

Please advise us of any special requests you may have. eg. Have you a friend on the Tour who you would like to be seated next to, or roomed with? Do you have a preference as to where you would like to sit on the coach?

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**20. SUMMARY OF REQUIREMENTS**

|  |          |       |
|--|----------|-------|
| <b>Fare</b>                                    | <b>£</b> | ..... |
| <b>Hotel Single Room Supplement (Optional)</b> | <b>£</b> | ..... |
| <b>Rail Tickets (Optional)</b>                 | <b>£</b> | ..... |
| <b>Other</b>                                   | <b>£</b> | ..... |
| <b>TOTAL</b>                                   | <b>£</b> | ..... |

I enclose **CHEQUE / CASH** to the value of £ .....  
as **DEPOSIT | FULL PAYMENT | INTERIM PAYMENT | BALANCE** for the Tour booked overleaf.  
(delete as appropriate).

All cheques to be made payable to **STARS**, and Crossed. It is advisable not to send cash through the post.

**21. DECLARATION**

I have read and accept the booking conditions published in **STARS International Tours Brochure & the STARS A-Z of Conditions and Information**. This information is also available on the **STARS** website in sections headed **HEALTH AND MEDICAL EMERGENCY, INSURANCE and SAFETY & CONDUCT**.

I have read and acknowledge **STARS** advice in respect of the importance of holding appropriate **Travel Insurance** cover for this tour. In submitting this application, I agree to indemnify **STARS International** for any costs arising from my having insufficient or no cover.

**Date** ..... **Signed** .....

(Must be countersigned by Parent of Guardian of any applicant under the age of 17 years)

If posting please send this to:  
**S.T.A.R.S. INTERNATIONAL (Tour Bookings)**  
**16 ROSEDALE AVENUE, STONEHOUSE, GLOUCESTERSHIRE, GL10 2QH**

All personal information collected on this form will treated in line with all current Legislation.