BOOKING FORM

Please complete electronically to avoid errors & return to info@a4away.net

BILLING ADDRESS:

_____
_____
_____
_____

CONTACT DETAILS:

PRIMARY GUEST:

Tel: _____
Email:_____

EMERGENCY CONTACT (please state relationship):

_____

GUEST NAME AS PER PASSPORT First Name / Middle Name / Surname	DATE OF BIRTH (DD/MM/YY)	AGE AT TRAVEL	PASSPORT NUMBER	PASSPORT EXPIRY (DD/MM/YY)	NATIONALITY
1.					
2.					
3.					
4.					
5.					
6.					

DIETARY REQUIREMENTS (allergies / vegetarian etc.):

1.
2.
3.
4.
5.
6.

ROOMING LIST (double / twin / single / inter-leading / family):

_____
_____
_____
_____

ANY SPECIAL OCCASSIONS DURING YOUR STAY – if HONEYMOON please provide the wedding date:

_____

_____

_____

TRAVEL INSURANCE DETAILS (highly recommended):

COMPANY	POLICY NUMBER	CONTACT DETAILS

DO I NEED A VISA?

Please click on the following link to determine if visas are required for any of your destinations. The onus is on the traveller to ensure that they have the correct documentation. Please ensure that all visa applications are done timeously.

https://apply.joinsherpa.com/travel-restrictions?affiliateId=sherpa&language=en-US

ANY MEDICAL CONDITIONS:

_____

_____

_____

_____

I have read, understood and accepted the A 4 AWAY terms and conditions and am duly authorised to sign on behalf of the people listed above.

To see Terms & Conditions please click on the link. ..\TERMS CONDITIONS 2024.pdf

I hereby give A 4 AWAY permission to use and share the information provided with relevant suppliers related to my booking, in so far as they require the information to prepare for my trip.

If you don't have travel insurance by signing this document you confirm that you have been advised that comprehensive travel insurance is highly recommended. Please note that some properties may require proof of travel insurance.

By signing this document you also confirm that you have taken note of the requirements for travelling with children under 18 if applicable.

SIGNED:_____ DATE: _____