

BOOKING FORM

Departure Date: _____	Return Date: _____
Emergency Contact: Name: _____ Relation to you: _____ Tel: _____	
Payment: Deposit 20% per person or full payment if departure is within 8 weeks I enclose payment of £ _____ OR I hereby authorise you to debit my Credit/ Debit Card (delete appropriate) for £ _____	
Card No.: _____ Valid From: _____ Exp.: _____ Sec. Code: _____ Issue Number: _____ being the payment required for the holiday	
Signature: _____ Address card is registered to (if different to correspondence address) _____ _____ _____ Date: _____	

Departure Date: _____	Return Date: _____																																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Surname (as appears on passport)</th> <th style="width: 25%;">Forenames</th> <th style="width: 25%;">Title</th> <th style="width: 25%;">Date of Birth</th> <th style="width: 20%;">Nationality</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Surname (as appears on passport)	Forenames	Title	Date of Birth	Nationality																																									Destination: Liveaboard/Hotel/Resort – _____ Room/Cabin: <input type="checkbox"/> Double <input type="checkbox"/> Twin <input type="checkbox"/> Triple <input type="checkbox"/> Single <input type="checkbox"/> Other (Please Specify).....
Surname (as appears on passport)	Forenames	Title	Date of Birth	Nationality																																										
Special Health/Dietary Requirements: _____ _____																																														
Correspondence Address: _____ _____ _____																																														
Tel: _____																																														
Email: _____																																														
How did you hear of Geo-Dive: _____																																														

Please detached this form and return it to Geo-Dive via fax on 0208 755 6860 or by post to Geo-Dive Ltd, Suite 104 Legacy Centre, Hanworth Trading Estate, Feltham, Middlesex, TW13 6DH