LIVING WITH THE LIONS RESERVATION FORM
Tour Name:

Please complete and return to: Living With The Lions, 80 Dorothy Rd, London, SW11 2JP Tel: **020 7223 6650** Fax: **020 7223 5590** Email: info@livingwiththelions.co.uk **www.livingwiththelions.co.uk**

Lead name:

Work Tel:	Home Tel:	Fax:	Email:

UK departure airport		Departure date ex: UK		Room Type	TWIN		DOUBLE		SINGLE		OTHER	

NOTES:

FINANCIAL

CREDIT/DEBIT CARD NO:																EXPIRY	/	Security Code (last 3 numbers reverse of card)	

If you wish to pay by credit card a merchant fee of 1.9% will be levied. Please note we cannot accept c.c. Payments for insurance policies. Debit cards do not attract a fee.

Tour deposit at
Or Full Payment £
Travel Insurance, tick box if you need LWTL to organize ☐
Credit Card Fee (1.9%) £

TOTAL £

Cheques payable to Living With The Lions Sports Travel

Data Protection

By signing this form you agree to the information contained herewith to be given to Living With The Lions and to be passed on to persons associated with the tour, airlines etc. Please contact us if you wish to discuss this matter further.

TITLE	FULL CHRISTIAN NAME As detailed on passport	SURNAME	DATE OF BIRTH	PASSPORT Number	PASSPORT Expiry Date	SHIRT SIZE S, M, L, XL, XXL	FULL ADDRESS OF EACH PERSON TRAVELLING

I AGREE ON BEHALF OF ALL PERSONS NAMED ABOVE TO ACCEPT THE RESERVATIONS CONDITIONS AS DETAILED. I AM OVER 18 YEARS. **I HAVE SIGNED THE INSURANCE INDEMNITY OVERLEAF**

SIGNED _____ NAME _____ DATE _____