



| Soul Of Egypt Travel                                                               | Booking Form |
|------------------------------------------------------------------------------------|--------------|
| <b>Please fill in the required personnel details</b>                               |              |
|                                                                                    |              |
| <b>Surname (as written on your passport)</b>                                       |              |
|                                                                                    |              |
| <b>Given Names (as written on your passport)</b>                                   |              |
|                                                                                    |              |
| <b>Nationality</b>                                                                 |              |
|                                                                                    |              |
| <b>Date of Birth</b>                                                               |              |
|                                                                                    |              |
| <b>Place of Birth</b>                                                              |              |
|                                                                                    |              |
| <b>Occupation</b>                                                                  |              |
|                                                                                    |              |
| <b>Insurance Company (travel)</b>                                                  |              |
|                                                                                    |              |
| <b>Insurance Policy Number - (Please read notes on the last page!)</b>             |              |
|                                                                                    |              |
| <b>Any Known Medical Conditions (feel free to use separate sheet if necessary)</b> |              |
|                                                                                    |              |
| <b>Any specific dietary requirements? Ie. Vegetarian</b>                           |              |
|                                                                                    |              |
| <b>Are you on any specific medication?</b>                                         |              |
|                                                                                    |              |



|                                            |  |
|--------------------------------------------|--|
| <b>What is your blood group (if known)</b> |  |
|                                            |  |
| <b>Any allergies?</b>                      |  |
|                                            |  |
| <b>Additional notes:</b>                   |  |

| Soul Of Egypt Travel                                 | Booking Form |
|------------------------------------------------------|--------------|
| <b>Please fill in the required personnel details</b> |              |
|                                                      |              |
| <b>Your Emergency Contact Details</b>                |              |
|                                                      |              |
| <b>Name</b>                                          |              |
|                                                      |              |
| <b>Phone number</b>                                  |              |
|                                                      |              |
| <b>Relationship</b>                                  |              |
|                                                      |              |
| <b>Address</b>                                       |              |
|                                                      |              |
|                                                      |              |
| <b>Passport Details:</b>                             |              |
|                                                      |              |
| <b>Passport Number</b>                               |              |
|                                                      |              |



|                          |  |
|--------------------------|--|
| <b>Date of issue</b>     |  |
|                          |  |
| <b>Place of issue</b>    |  |
|                          |  |
| <b>Expiry Date</b>       |  |
|                          |  |
| <b>Additional notes:</b> |  |
|                          |  |

| <b>Soul Of Egypt Travel</b>                      | <b>Booking Form</b> |
|--------------------------------------------------|---------------------|
| <b>Please fill in the required details</b>       |                     |
|                                                  |                     |
| <b>Accommodation Plan (Please check ✓ OR X):</b> |                     |
|                                                  |                     |
| <b>Single</b>                                    |                     |
|                                                  |                     |
| <b>Double</b>                                    |                     |
|                                                  |                     |
| <b>Triple</b>                                    |                     |
|                                                  |                     |
| <b>Your arrival &amp; departure details</b>      |                     |
|                                                  |                     |
| <b>Arrival Date</b>                              |                     |
|                                                  |                     |



|                                                                                |  |
|--------------------------------------------------------------------------------|--|
| <b>Arrival Flight details (Flight airline / take off &amp; arrival time)</b>   |  |
|                                                                                |  |
| <b>Departure Date</b>                                                          |  |
|                                                                                |  |
| <b>Departure Flight details (Flight airline / take off &amp; arrival time)</b> |  |
|                                                                                |  |
| <b>Special Requests: Fell free to mention your special notes!</b>              |  |
|                                                                                |  |

## **Important Notes; Please go through it carefully!**

We strongly recommend that you take out appropriate travel insurance to cover your travel arrangements which is also recommended by the Department of Foreign Affairs and Trade for all overseas travel. Your insurance protection should include cover for cancellation, medical and repatriation expenses, personal injury and accident, death and loss of personal baggage and money and personal liability insurance. Evidence of such insurances should be produced to Soul Of Egypt Travel on request. Insurance cover offered by credit card companies or reciprocal medical cover agreements are often not comprehensive.



We act only as an agent for the participants in regard to travel, whether by rail road, motor coach, private car, boat, aircraft, or any other convenience and assume no liability for injury, illness, damage, loss accident, delay or irregularity to person or property resulting directly or indirectly from any of the following causes; - Weather, acts of God, force major, acts of government or other authorities, wars, civil disturbances, labor disputes, riots, theft, mechanical breakdowns, quarantines or acts of default, delays, cancellations or changes of any hotel, carrier, or restaurant. No responsibility is accepted for any additional expenses.

We are not liable for delays, inconveniences, accidents, injuries or expenses of any kind resulting entirely or in part from the negligence of others or from causes beyond our control. Participants assume all risks of personal injury and aggravation of any medical condition related in any way to the activities of the tour. Baggage and other personal property are the responsibility of the owner and we are not liable for any loss.

Each client bears the ultimate responsibility for ensuring that he or she is in good health and physical shape. It is your responsibility to determine whether the tour you choose is suited to your physical condition. You are responsible for the cost of any medicines or medical care you may require during the trip for any reason.

**Your signature:**