

Booking Form



09°West - Rua Conde de Sabugosa, 3F 1700 Lisboa. Portugal Tel:+351211991086 Fax:+351218452693

The trips on this site, are in many cases active travel. By registering for a particular journey, it is assumed physical and psychological conditions appropriate to it. If you subscribe others, assumes that you provided them all relevant information and that they are physically and mentally fit for the trip in which they registered.

Please complete this form in CAPITALS for each participant. Please try and complete all sections of the forms, but if you do not have your passport details at the time of booking, or you will need to obtain a new passport before you travel, please ensure that you send us these details at the earliest opportunity. If any information you give us on this form changes, please advice us immediately.

TRAVELLERS CONTACTS

	Name (exactly as on passport)	Surname (exactly as on passport)	Gender	Nacionality	Birth Date	Passaport N°	Issue Date	Expiry Date
1								
2								
3								
4								

	Occupation	Special Diet*	Special medication	Emergency contact whilst on holidays			
				Name	Relantionship	Home phone	Mobile phone
1							
2							
3							
4							

CORRESPONDENCE CONTACTS

Name	
email	
Address	
Post / Zip code	
Country	
Home phone	
Mobile phone	

MEDICAL INFORMATION

Please declare any special medical needs/ history of serious operations for all persons above	

YOUR TRIP

	Trip name	Departure date	Extras	Ind. Sup.
1				
2				
3				

INSURANCE

insurance	It is mandatory to have a travel insurance to cover hospital treatment and repatriation
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PAYMENT

Deposit	deposit per person of 30% of the total cost of your journey	€
Extension deposit	if you have reserved na extension	€
Total enclosed	You must make full payment 8 weeks before the date of departure	€

PAYMENT OPTION

Credit card Bank transfer

CREDIT CARD PAYMENT

Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express
Card n°	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Security code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiry date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Card holder's Name	<input type="text"/>
Card holder's signature	<input type="text"/>

BANK ACCOUNT DETAILS

Account: 09 WEST - TRAVEL PORTUGAL
 Bank: Banco Espirito Santo
 IBAN code: PT50 0007 0000 0005 0454 3572 3
 SWIFT code: BESCPTPL

How did you hear about 09°West?

DECLARATION: I have read and accept the Booking Conditions and general information on behalf of the persons listed. I/We appreciate the risks inherent in Adventures Travel and con /We do not suffer from any disability or pre-existing medical condition which would prohibit full participati of the tour	Signature	Date
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*Information: We can not guarantee that in all the places we can have the diet you indicate