

Booking Form

Completed and signed form(s) are to be either faxed to +41 81 65 16 168, posted to Tour 168 of Switzerland GmbH, Unter Ruvria 9, 7430 Thusis, Switzerland or scanned and e-mailed to tours@tour168.ch

Tour

Name of Tour: _____

Period of Tour: _____

Personal Particulars

Traveller 1

Name: _____

Surname/Last Name (Mr/Mrs/Ms): _____

Address: _____

Country: _____ Postal Code: _____

E-mail: _____ Fax: _____

Telephone: (h) _____ (o) _____ (m) _____

Birth date: _____ Occupation: _____

Type of Passport: _____ Passport Expiry Date: _____
(Please state country of issue)

Traveller 2

Name: _____

Surname/Last Name (Mr/Mrs/Ms): _____

Address: _____

Country: _____ Postal Code: _____

E-mail: _____ Fax: _____

Telephone: (h) _____ (o) _____ (m) _____

Birth date: _____ Occupation: _____

Type of Passport: _____ Passport Expiry Date: _____
(Please state country of issue)

Traveller 3

Name: _____

Surname/Last Name (Mr/Mrs/Ms): _____

Address: _____

Country: _____ Postal Code: _____

E-mail: _____ Fax: _____

Telephone: (h) _____ (o) _____ (m) _____

Birth date: _____ Occupation: _____

Type of Passport: _____ Passport Expiry Date: _____
(Please state country of issue)

Traveller 4

Name: _____

Surname/Last Name (Mr/Mrs/Ms): _____

Address: _____

Country: _____ Postal Code: _____

E-mail: _____ Fax: _____

Telephone: (h) _____ (o) _____ (m) _____

Birth date: _____ Occupation: _____

Type of Passport: _____ Passport Expiry Date: _____
(Please state country of issue)

Traveller 5

Name: _____

Surname/Last Name (Mr/Mrs/Ms): _____

Address: _____

Country: _____ Postal Code: _____

E-mail: _____ Fax: _____

Telephone: (h) _____ (o) _____ (m) _____

Birth date: _____ Occupation: _____

Type of Passport: _____ Passport Expiry Date: _____
(Please state country of issue)

Traveller 6

Name: _____

Surname/Last Name (Mr/Mrs/Ms): _____

Address: _____

Country: _____ Postal Code: _____

E-mail: _____ Fax: _____

Telephone: (h) _____ (o) _____ (m) _____

Birth date: _____ Occupation: _____

Type of Passport: _____ Passport Expiry Date: _____
(Please state country of issue)

Traveller 7

Name: _____

Surname/Last Name (Mr/Mrs/Ms): _____

Address: _____

Country: _____ Postal Code: _____

E-mail: _____ Fax: _____

Telephone: (h) _____ (o) _____ (m) _____

Birth date: _____ Occupation: _____

Type of Passport: _____ Passport Expiry Date: _____
(Please state country of issue)

Traveller 8

Name: _____

Surname/Last Name (Mr/Mrs/Ms): _____

Address: _____

Country: _____ Postal Code: _____

E-mail: _____ Fax: _____

Telephone: (h) _____ (o) _____ (m) _____

Birth date: _____ Occupation: _____

Type of Passport: _____ Passport Expiry Date: _____
(Please state country of issue)

Traveller 9

Name: _____

Surname/Last Name (Mr/Mrs/Ms): _____

Address: _____

Country: _____ Postal Code: _____

E-mail: _____ Fax: _____

Telephone: (h) _____ (o) _____ (m) _____

Birth date: _____ Occupation: _____

Type of Passport: _____ Passport Expiry Date: _____
(Please state country of issue)

Traveller 10

Name: _____

Surname/Last Name (Mr/Mrs/Ms): _____

Address: _____

Country: _____ Postal Code: _____

E-mail: _____ Fax: _____

Telephone: (h) _____ (o) _____ (m) _____

Birth date: _____ Occupation: _____

Type of Passport: _____ Passport Expiry Date: _____
(Please state country of issue)

Rooms of Base Accommodation

We require the following:

- B & B (Superior) 3-star hotel 4-star hotel
- Single accommodation (No. ____) Double accommodation (No. ____)
- Triple accommodation (No. ____) Family accommodation (4 in a room) (No. ____)
- Others _____ (No. ____)

Diet

We are opting for the no meals option except for breakfast at _____

We require normal meals included in the Tour.

We require one of the following special meals included in the Tour:

vegetarian meals no-beef meals no-pork meals no seafood meals

Others. Please specify: _____

(Reasonable attempts will be made to accommodate the above but availability cannot be guaranteed.)

Food Allergy

Name(s) of Traveller(s): _____

Name of Food(s): _____

Others

Other special needs/requirements. Please specify: _____

(Reasonable attempts will be made to accommodate this but availability cannot be guaranteed.)

Payment

Upon receiving confirmation and invoice, we will arrange for a down payment of CHF500 per person or payment of the full amount. If a down payment is going to be made, the remaining amount will be transferred at the latest 30 days before the Tour starts and if the booking is made within 30 days of the Tour, then the full amount will be transferred to:

Tour 168 of Switzerland GmbH
Unter Ruvria 9, 7430 Thusis, Switzerland

Bank: **Raiffeisenbank Mittelbuenden**
Address of bank: **7408 Cazis, Switzerland**
Account number: **34754.11**
IBAN: **CH52 8106 3000 0034 7541 1**
SWIFT: **RAIFCH22**

How You Came to Know About Us

Internet Search Engine Advertisement Flyer (Pls specify place): _____

Word of Mouth (Pls state name): _____ Others: _____

We confirm that the above are true and correct and that we have agreed to the Allgemeine Geschäftsbedingungen (Terms and Conditions) of the Tour. I have noted that insurance coverage is my responsibility.

Name: _____ Signature: _____

Date: _____

Name: _____ Signature: _____

Date: _____

Name: _____ Signature: _____

Date: _____

Name: _____ Signature: _____

Date: _____

Name: _____ Signature: _____

Date: _____

Name: _____ Signature: _____

Date: _____

Name: _____ Signature: _____

Date: _____

Name: _____ Signature: _____

Date: _____

Name: _____ Signature: _____

Date: _____

Name: _____ Signature: _____

Date: _____