

Nomadic Journeys Booking Form

Title	First Name	Surname	Address
Postcode	Contact Number	Email	
Nationality	Passport No	DoB	Special Requirements Vegetarian Other Please Specify YES / NO
I/We have insurance arrangements YES / NO If YES, please supply full details Insurance Company Name		Policy No:	Emergency Telephone Number:

Your safety and comfort is our primary concern. Please ensure that a completed medical form for each person travelling is returned with the booking form ***Medical forms will be kept in the strictest confidence. PLEASE SEND A PHOTOCOPY OF YOUR PASSPORT DETAILS WITH THIS FORM.***

Medical History—please indicate if you have suffered from any of the following

Allergy to drugs or medication	YES / NO	Heart condition	YES / NO	Severe Headaches	YES / NO
Allergy to foods, insects or other	YES / NO	Fits, fainting or blackouts	YES / NO	Recent contact with contagious disease / infection	YES / NO
Asthma / Bronchitis	YES / NO	High or low blood pressure	YES / NO	Any other illness or disability	YES / NO
Diabetes	YES / NO	Joint / back / muscle problems	YES / NO		

Current Medical Status

Are you currently receiving medical treatment of any kind from your doctor or hospital? YES / NO
 Are you bringing any medication for use during this trip or as a precautionary measure? YES / NO

If the answer to any of the above is YES, please obtain a letter from your doctor with reference to travelling in desert conditions

I confirm that the information on this medical form is complete and correct

Signed _____ Date _____

Deposit / Full Payment

Deposit **£150.00** per person payable at time of booking

Full Amount

Balance

If booking 8 weeks or less before departure, full payment is required, see *Terms & Conditions*
 Please enclose a cheque for the deposit / full amount payable to 'Nomadic Journeys Ltd'

Emergency contact name _____



Telephone _____

Relationship _____

Signature

Date