

LEARN ITALY STUDY HOLIDAY

General booking form: please return as soon as possible

Title and dates of holiday(s):

.....
.....

Please fill in exactly as on the A4 flyer describing the holiday

Traveller's name

Title First Name Surname

.....

Room requirements

Single room
Double room with double bed
Double room with twin beds

Sharing with:

Address for correspondence:

.....
.....

Postcode:

Telephone number:

E-mail address:

Special requirements (diet, etc.):

If you have a medical condition or disability of which we should be advised,
please give details:

.....

Next of kin (in case of an emergency)

Relationship:

Name:

Address:

.....

Postcode:

Telephone number (day):

Telephone number (evening):

