

# APPLICATION FORM



SELECTED TOUR

TOUR DATES

## PERSONAL DETAILS

NAME

ADDRESS

SURNAME

CITY

E-MAIL

CITY CODE

DATE OF BIRTH

NATIONALITY

JOB

MOBILE N°

IMPORTANT: PLEASE INSERT THE DOCUMENT YOU WILL USE DURING THE JOURNEY

PASSPORT N°

DATE OF ISSUE

EXPIRY DATE

## OTHER INFO

### SPECIAL FOOD REQUIREMENTS

Please specify if you are vegetarian, vegan or for any other food intolerances or allergies.

### IMPORTANT

Please inform us about health problems, disabilities, medical conditions or whatever you think it is important to know and may affect your full participation in a tour.

### EMERGENCY & INSURANCE

PLEASE STATE HERE THE NAME OF THE INSURANCE COMPANY AND THE EMERGENCY INSURANCE TELEPHONE N°

PLEASE STATE HERE THE NAME AND TELEPHONE N° OF AN EMERGENCY CONTACT

### ROOM TIPOLOGY

- DOUBLE       NON SMOKER  
 DOUBLE TWIN       SMOKER  
 SINGLE

SKUA CARD OWNER    YES     NO

PROMOTIONAL CODE

MEMBER OF A SKUA PARTNER  
(IF YES PLEASE SPECIFY)

I undersigned

Date

Declare to have read and accepted, in full, the Ornitholidays' terms and conditions form.

I declare that I am aware, and I accept, that Ornitholidays in its offer do not include any sort of travel insurance.

I am aware that the subscription of a travel insurance is strongly suggested and it has to be stipulated by the participant.

I approve the collection of my personal data in respect of the italian law (D. Lgs. 30/06/03 n°196 Data Security Measures).

I declare to have understood and fully accepted that the deposit for this activity is not refundable.



Ornitholidays  
WORLDWIDE NATURE EXPEDITIONS

SIGNATURE

TO BE PRINTED, FILLED, SCANNED  
and sent by email to: [info@ornitholidays.com](mailto:info@ornitholidays.com)