



## REGISTRATION FORM

**Destination: Turkey   Days: 8   Arrival date: 19-10-2016   Reference: GW 4502**

1. Name:.....Date of birth:.....Male / Female

2. Name:.....Date of birth:.....Male / Female

Address:.....

Postal Code + City:.....

Phonenumber daily:.....

Phonenumber in case of emergency:.....

***The surnames and full first names should be according to passport. Each person is required to have a valid passport and a passport which is valid for at least 8 months after your return (please check this at the local embassy in your country).***

Wish to book:             double/twin room with shower/toilet à Euro 399 p.p.

Wish to book:             single room with shower/toilet à Euro 529 p.p.

Special diets.....

After we received your registration we will send you a confirmation and invoice within one week.  
The first payment, 15% of the total amount, should be done directly.  
The last payment should be done 6 weeks before departure.

.....  
(City)

.....  
(Date)

.....  
(signature)

*By signing this registration form, you agree with the General Travel Conditions from the ANVR for the above mentioned tour.*

You can send the registrationform to (no stamps needed):

KRAS / f.a.o. Ilse van Ravesteijn, Antwoordnummer 12, 5300 VP Ammerzoden  
Or you scan it and email it to: [groups@kras.nl](mailto:groups@kras.nl) f.a.o. Mrs. I. van Ravesteijn

