

**Booking Form & Guest Information**

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| Full name: |  |
| Nationality: |  |
| Country of residence: |  |
| Date of birth: |  |
| Passport details: |  |
| Medical requirements: |  |
| Dietary requirements: |  |
| Room type (double/twin/single): |  |
| Expected time of arrival: |  |
| Arriving from: |  |
| Expected time of departure: |  |
| Departing to: |  |
| Specific interests: |  |
| Drink preferences: |  |
| Special occasion:  |  |
| Emergency contact: |  |
| Health insurance company: |  |
| Health insurance contact number: |  |
| Health insurance policy number: |  |

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| Notes: |  |