



A Taste of Palestine 2017 14th – 22nd October

Your contact details

Name: _____
Address: _____
Date of Birth: _____
Mobile Phone Number: _____
Other Phone Number: _____
E-mail address: _____

Emergency Contact

Emergency Contact Name: _____
Mobile Phone Number: _____
Work Phone Number: _____
Home Phone Number: _____
E-mail Address: _____
Relationship eg sister, friend: _____

All tour participants must have insurance tick here to confirm that you have booked travel insurance for this trip:

Flight Details (can be sent in later once flights are booked)

Arrival Date and Time _____
Flight Number _____
Arrival Airport _____
Departure Date and Time and Place: _____

Accommodation

If there is someone else in the group, you would like to share a room with please let us know:



Your motivations and requests

Please use the space below to tell us a little about your motivations. Why do you want to join this tour? What do you hope to gain? If there is anything additional to what is on the itinerary that you would like Zaytoun to try and facilitate please let us know.

Please use the space below to let Zaytoun know any other relevant information, such as:

- nutrition or dietary requirements that need our assistance,
- days you plan to opt out of the group tour,
- how any health concerns may impact on the tour or,
- any other special needs.

Cancellation

Please do let us know as soon as possible if your plans change and you are unable to come on the tour. Where we are able to re-sell your place we can refund you less a £50 administration fee.

Please return the form to harvest@zaytoun.org. You will be sent an invoice for £890 and invited to an optional pre tour briefing. Details of your hotel and how to reach it will follow nearer the tour date.