

BOOKING APPLICATION FORM

FULL NAME

Last Name	<input type="text"/>	First Name	<input type="text"/>
Date of Birth	<input type="text"/>	Nationality	<input type="text"/>
Passport No	<input type="text"/>	Date of Expiry	<input type="text"/>

ADDRESS, CONTACTS

Address	<input type="text"/>		
E-mail	<input type="text"/>	Cell phone	<input type="text"/>

PARTICIPATION: UWGC 2015 (16 - 23 August 2015) AND EUROPE TOUR (23 - 30 August 2015)

<input type="checkbox"/> UWGC 2015	<input type="checkbox"/> EUROPE TOUR	Team	<input type="text"/>
<input type="radio"/> Golfer	<input type="radio"/> Non Golfer	Badge name	<input type="text"/>
Handicap	<input type="text"/>	Golf Club	<input type="text"/>

SHIRT

MEN	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL	<input type="radio"/> XXL	<input type="radio"/> XXL
LADIES	<input type="radio"/> XS	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL	<input type="radio"/> XXL

ACCOMMODATION

Room share	<input type="text"/>					
Supplements	<input type="radio"/> Classic Room Single Use	<input type="radio"/> Double Deluxe Room				
	<input type="radio"/> Double Executive Room	<input type="radio"/> Double Executive Suite				
<input type="checkbox"/> I would like to change dates of accommodation						
Arrival date	<input type="text"/>	Departure date	<input type="text"/>			

SPECIAL REQUESTS

1	<input type="text"/>
2	<input type="text"/>

PAYMENT DETAILS

AFTER RECEIVING OF THIS «BOOKING APPLICATION FORM» BEST OF TRAVEL G.C. WILL SEND YOU INVOICE AND PAYMENT SCHEDULE

Date	<input type="text"/>	Signature	<input type="text"/>
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