FJALLABAK "The Icelandic Trekking & Adventure Company" Po Box 1622 - 121 Reykjavik - Iceland / Islande

TRIP BOOKING FORM

Please complete and sign this form and send it back to us by mail, or by fax (+354) 511 30 71, or by post mail

TOUR NAME _____ Trip starts in Reykjavik: ___ ___ ___ (day / month / year)

Returns to Reykjavik: ___ ___ ___

Price of this trip: _____ **€/pp** confirmation fee : **0 €/pp** Balance 40 days prior departure: **0 €/pp**

This price doesn´t include small group surcharge that may be applied if mininum of participants is not reached !

Will you take the Vestmann Islands individual extension at the end of the trip ?

NO: ☐ **YES:** ☐ Your choice of accommodation in the islands : _____

Do you wish that we book for you your accommodation in Reykjavik ?

NO: ☐ **YES:** ☐ if **yes**, then please: 1) Check the file <Reykjavik hotels information>

2) Complete and send the <Hotel booking form>

Please indicate your choice with an *X*

SURNAME First Name _____ Birthday: ___ ___ ___ (month / day / year)

Your nationality: _____ Other languages (fluently - a little bit…) : _____

Street: _____ Zip code: _____ City: _____

Country: _____

E-mail : _____ phone: _____ mobile : _____

Other participants booked with you: SURNAME First name + date of birth

2: _____ **4:** _____

3: _____ **5:** _____

Emergency Contact in case of illness or accident

NAME: _____ **Relationship:** _____

E-mail : _____ phone: _____ mobile : _____

DECLARATION I have read and I accept the booking conditions, as well as general conditions and the trip program. I am physically and mentally capable of undertaking and completing this tour.

Date of your booking: ___ ___ ___ (month / day / year) Signature : _____

PAYMENT BY BANK WIRE : Mark with an *X* **YES:** ☐ **NO:** ☐

ARION BANK Swift: **ESJAISRE** IBAN : **IS25 0301 3871 8400 6104 9722 59** Beneficiaire : **FJALLABAK ID 610497-2259**

PAYMENT BY CREDIT CARD : Mark with an *X* **YES:** ☐ **NO:** ☐

NAME of the card holder: _____

Mark the type of your card with an *X*: **Visa** ☐ **Eurocard** ☐ **Mastercard** ☐ **American Exp** ☐ **Others…** ☐

Card number: ___ ___ ___ ___ **Expiration:** ___ ___ (month / year)

The number of your card shall be communicated to us only by fax (+354) 511 30 71 or by telephone (+354) 824 30 71 or 824 30 72