



Twelve Pilgrims Travel – Booking Form

Tour Name	
No. of adults you're booking for	
No. of children you're booking for	
First name of lead passenger (as it appears on your passport)	
Middle Name (if applicable)	
Last name of lead passenger	
Date of Birth (Day / Month / Year)	
Address	
Country/Region	
City	
Zip / Postal Code	
Any dietary or medical needs. If you take medication please list the medication you're taking.	



Office Address: Suite 1, 8 The Bridge, Chippenham, Wiltshire, SN15 1FY, UK: England

Contact No. 01638 590 762





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Email Address	
Mobile Phone	
Nationality	
Second Nationality (if applicable)	

Data Protection & Consent

I consent to the collection, storage and processing of my personal data by Twelve Pilgrims Travel for the purposes of organising this tour, providing services, managing bookings, and fulfilling legal/regulatory obligations*

Yes No

Signature: _____ Date: _____

Thank you for choosing Twelve Pilgrims Travel. If you have any questions or require any assistance, please don't hesitate to get in touch — we're always happy to help.



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