## **Enduro Tours Thailand**

## **Booking form**

Name (as shown o	n passport)			
Address in home of	ountry			
Male				
Female				
Date of Birth				
Tel numbers (inc. o	country and city code)			
E-mail address				
Driving Licence Nu	ımber			
Motor Cycle Licence	ce Number			
Passport Number				
Passport place of i	ssue			
Passport issue dat	e			
Passport expiry da	te			
Booking type	Number of riders in group _ (each rider must complete a		An individual booking	
Tour Dates you red	quire : From	To		
Which tour your pr	<u>efer</u>			
4 Day Mini Enduro	Tour			
6 Day Classic End	uro Tour			
10-14 Day Golden	Triangle Custom Enduro Tour			
Each rider	s history and abi	lity		
Number of years riding off road Your current bike at home				
Beginner with 1/2 y	/ears: YES/NO Intermediate	e: YES/NO Ex	pert: YES/NO	

## Your health

What is your health condition	?					
Are you taking any medication that could affect your riding ability?						
How did you find	<u>d us</u>					
Internet Friend _	Magazine	Fac	ebook			
Return Customer	Instagram	Other				
* I have read and understood terms on the web site.	d the booking terms and	l agree to acc	ept and be bound by those same			
Signature		Da	ate			