

# MANGA TOUR RESERVATION FORM 2011

## BLOCK CAPITALS PLEASE

Contact Details of Lead Passenger	
Name _____	Daytime Tel _____
Address _____	Home Tel _____
_____ Postcode _____	Email Address _____

PASSENGER DETAILS					
Title	Forename (as on passport)	Surname (as on passport)	D.o.B.	Nationality	Passport No.

Contact Details for Next of Kin ( <u>not</u> traveling) in the event of an emergency	
Name _____	Relationship _____
Address _____	Daytime Tel _____
_____ Postcode _____	Home Tel _____

DIETARY REQUIREMENTS	
Please let us know if you have any specific dietary requirements. Whilst we will be able to accommodate your requests inflight, there is no guarantee of this whilst on tour.	
Vegetarian	Vegan
Halal	Kosher
Other (Please Specify)	

## TRAVEL INSURANCE

Details of Japan Journeys travel insurance policy are on our website. All passengers should visit the links page on our website to obtain a quote. We recommend you select the best coverage possible i.e. **Platinum protection**. If you do not take out insurance through us, please supply details of your alternative insurance in the space below.

Insurance Company _____	Policy Number _____
Emergency Assistance Company _____	Telephone Number _____

## PAYMENT DETAILS

Payment Details	Amount	No.	Total
DEPOSIT 10% of Tour Cost	£149.50		
INSURANCE (available from our website) <b>not available to non UK residents</b>			
SINGLE ROOM SUPPLEMENT	£180.00		
ROOM TYPE REQUEST IF SHARING (delete as appropriate)	Twin/Double		
EXTENSION PACKAGE (for Twin share or Single room basis)	£775.00/£875.00		
TRIP EXTENSION - ADDITIONAL NIGHTS IN TOKYO OR IN KYOTO	£45 pp in a Twin room £65 pp in a Single room		
TOTAL REMITTANCE Cheque or credit/ debit card			

I wish to pay by: (tick box)

Mastercard   
 Visa   
 Switch\*   
 Delta   
 Cheque   
 \*Switch Issue No. \_\_\_\_\_

Card No.											
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Issue Date: \_\_/\_\_/\_\_    Expiry Date: \_\_/\_\_/\_\_    Cardholder's Name: \_\_\_\_\_

Security No. \_\_\_\_\_

N.B. Credit Card payments are subject to a 1.5% administration charge.

On behalf of all named persons on this Reservation Form, I accept the Booking Conditions, general information, insurance conditions and all information enclosed/attached.

Signed _____	Date _____	Total enclosed: £ _____
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Send Completed Booking Form to:  
**Japan Journeys Limited**, Cameo House, 11 Bear Street, London WC2H 7AS, United Kingdom  
 Tel: +44 (0) 20 7766 5267    Fax: +44 (0) 20 7766 5268    Email: [info@japanjourneys.co.uk](mailto:info@japanjourneys.co.uk)