

MANGA TOUR RESERVATION FORM 2012 II

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> travelling) 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 in-flight, 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)/(Land only Deposit)	£159.50/£89.50		
INSURANCE (available from our website) not available to non UK residents			
SINGLE ROOM SUPPLEMENT	£180.00		
ROOM TYPE REQUEST IF SHARING (delete as appropriate)	Twin/Double		
EXTENSION PACKAGE (for Twin share or Single room basis)	£895.00/£1,045.00		
TRIP EXTENSION - ADDITIONAL NIGHTS IN TOKYO OR IN KYOTO	£49 pp in a Twin room £68 pp in a Single room		
TOTAL REMITTANCE Cheque or credit/ debit card			

I wish to pay by: (tick box)

Mastercard
 Visa
 Maestro*
 Visa Debit
 Cheque
 *Maestro 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