

PASSENGER DETAILS – AS THEY APPEAR ON YOUR PASSPORT								
Title	ALL Forenames	Surname	Date of birth	Passport number	Nationality	Date of issue	Date of expiry	Place of issue

TRAVEL INSURANCE Details of Japan Journeys travel insurance policy are on our website. All UK passengers should visit the links page on our website to obtain a quote. Only available for UK residents. We recommend you select the best coverage possible i.e. Gold 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 no: _____

CONTACT DETAILS OF LEAD PASSENGER

CONTACT DETAILS FOR NEXT OF KIN (NOT TRAVELLING) IN THE EVENT OF AN EMERGENCY

Name _____
 Daytime Tel _____ Home Tel _____
 Address: _____
 Postcode _____ Email Address: _____

Name _____ Relationship _____
 Daytime Tel _____ 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 Lacto-Ovo Vegetarian Pescatarian
 Vegan Kosher Halal Other (please specify) _____

HEALTH & FITNESS

Do any passengers suffer from any disability/medical condition that may affect your holiday arrangements?
 Yes No
 Do any passengers have walking difficulties or mobility restrictions? Yes No
 If the answer is YES to either of the above questions please provide further details below.

TOUR DETAILS

Tour type	Guided Tour name / Independent Tour	Would you like to extend pre or post-tour? (how many nights?)	Date of departure
GUIDED TOUR			DD/MM/YY
INDEPENDENT TOUR			DD/MM/YY

Type of accommodation (subject to availability)		Flight upgrades options (subject to availability)	
Twin	Single	Premium Economy Class	First Class
Double	Triple / Family	Business Class	Regional airport (specify):

Would you like to request a Smoking or Non-Smoking Room?
 Special requests (subject to availability) - please specify:

On behalf of all named persons on this Reservation Form, I accept the Booking Conditions*, general information, insurance conditions and all information enclosed/attached. (*available at www.japanjourneys.co.uk).

Date: _____ Total enclosed: £ _____ Signature: _____

PAYMENT DETAILS

Deposit is 10% of the total price, or £250 per person whichever is greater

DEPOSIT AMOUNT	NO. OF PERSONS	TOTAL
£		£

I wish to pay by:
 Visa Debit Mastercard Visa Credit
 Cheque Bank Transfer

To pay by debit/credit card, please call **020 7766 5267**. Bank transfer details will be sent by email on request. Cheques should be made payable to **Japan Journeys Ltd**.