FAMILY HOLIDAY RESERVATION FORM

PLEASE COMPLETE IN BLOCK CAPITALS **Contact Details of Lead Passenger** Daytime Tel Name Address Home Tel Postcode **Email Address PASSENGER DETAILS** Title D.o.B. Nationality Passport No. Forename(s) (as on passport) Surname (as on passport) CONTACT DETAILS FOR NEXT OF KIN (NOT TRAVELLING) IN THE EVENT OF AN EMERGENCY Relationship _____ Name Daytime Tel _____ Address 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□ Lacto-Ovo Vegetarian □ Pescatarian □ Vegan□ Kosher□ Halal□ Other (please specify) **HEALTH & FITNESS** Do any of the above suffer from any disability/medical condition that may affect your holiday arrangements? Yes □No □ Do any of the above have walking difficulties or mobility restrictions? Yes □No □ If the answer is YES to either of the above questions please provide further details below. 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** £200.00 per person Package required (please select one option) Bronze/Silver/Gold Twin/Double Room type if sharing TOTAL REMITTANCE (minimum £200 per person) I wish to pay by: (tick box) Mastercard □ Visa □ Visa Debit □ Cheque □ Card No. Issue Date:__/__ Expiry Date:__/__ Cardholder's Name: Security No.___ 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 for viewing at www.japanjourneys.co.uk).

Send Completed Booking Form to:

Date

Total enclosed: £

Signed

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