

CLASSIC JAPAN TOUR RESERVATION FORM 2019

BLOCK CAPITALS PLEASE

Contact Details of Lead Passenger

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

PASSENGER DETAILS

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

CONTACT DETAILS FOR NEXT OF KIN (NOT 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 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	£400.00		
INSURANCE (available from our website) Not available to non UK residents			
SINGLE ROOM SUPPLEMENT	£650.00		
ROOM TYPE REQUEST IF SHARING (delete as appropriate)	Twin/Double (if sharing)		
PRE TOUR ADDITIONAL NIGHTS IN KYOTO	£170 pp in a Twin room £195 pp in a Single room		
POST TOUR ADDITIONAL NIGHTS IN TOKYO	£170 pp in a Twin room £260 pp in a Single room		
TOTAL REMITTANCE Cheque or credit/ debit card			

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).

Signed _____ Date _____ Total enclosed: £ _____

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