JAPAN ARTS REVEALED

PLEASE COMPLETE IN BLOCK CAPITALS

CONTACT DETAILS OF LEAD PASSENGER

Name_____ Daytime Tel_____
Address_____ Home Tel_____
_____
_____ Postcode_____ Email_____

PASSENGER DETAILS (as on passport)

Title	Forename	Surnam	Date of birth	Nationality	Passport no.	Passport expiry date

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

Name_____ Daytime Tel_____
Address_____ Home Tel_____
_____ Relationship_____
_____ Postcode_____

DIETARY REQUIREMENTS

Whilst we will be able to accommodate your requests in-flight, there is no guarantee of this whilst on tour.
Vegetarian 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 oNo o
Do any of the above have walking difficulties or mobility restrictions? Yes oNo o
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	Amoun		No.	Tota
Deposit	£200.00			
Package required (please select one option)	3 star/4 star			
Single Room Supplement (3*/4*)	£260.00/£280.00			
Room type if sharing	TWIN / DOUBLE			
Tokyo Optional	£101.00			
Kyoto Optional	£109.00			
Optional Kyoto Experiences	*At Culture Centre*	*In Japanese Home*	-	-
- Rolled Sushi Cooking	£65.00	-		
- Tempura and Rolled Sushi Cooking	-	£150.00		
- Kimono Wearing	£65.00	£145.00		
- Tea Ceremony	£65.00	£145.00		
- Japanese Calligraphy	£65.00	£145.00		
- Ikebana Flower arrangement	£65.00	£155.00		
TOTAL REMITTANCE				

I wish to pay by: (tick box)
Visa Debit □ Visa □ Mastercard □ 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.

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