GARDENS OF 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	£350.00		
INSURANCE (available from our website) Not available to non-UK residents			
SINGLE ROOM SUPPLEMENT	£595.00		
ROOM TYPE REQUEST IF SHARING (delete as appropriate)	Twin/Double (if sharing)		
PRE TOUR ADDITIONAL NIGHTS Kyoto	£150.00 pp pp in a Twin room £260.00 pp in a Single room		
POST TOUR ADDITIONAL NIGHTS Tokyo	£155.00 pp in a Twin room £185.00 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