

Please read the booking conditions and other information carefully before completing this form in BLOCK CAPITALS and return to Japan Journeys with your remittance.

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

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

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

Name _____ Relationship _____
 Daytime Tel _____ Home Tel _____

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.

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) _____

TOUR DETAILS

Tour type	Guided Tour name / Independent Tour	Tour extension	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):

Special requests (subject to availability) - please specify:

PAYMENT DETAILS

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

DEPOSIT AMOUNT	NO. OF PERSONS	TOTAL
£		£

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).

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.**

Date: _____ Total enclosed: £ _____ Signature: _____