









# CLIENT & TOUR INFORMATION

## TOUR INFORMATION

DEPARTURE DATE \_\_\_\_\_

RETURN DATE \_\_\_\_\_

## CLIENT INFORMATION

	SURNAME	GIVEN NAMES	BIRTHDATE (dd/mm/yy)	PLACE OF BIRTH (include country)
1				
2				
3				
4				

	PASSPORT NAME (AS SHOWN)	NATIONALITY	PASSPORT NUMBER	PLACE OF ISSUE	ISSUE/EXPIRY DATE (dd/mm/yy)
1					
2					
3					
4					

## EMERGENCY CONTACT

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROV/STATE \_\_\_\_\_ POSTAL/ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

## CONTACT INFORMATION

PROVIDE US WITH YOUR EMAIL OR FAX NUMBER AS ADDITIONAL CONTACT INFORMATION

EMAIL \_\_\_\_\_

FAX \_\_\_\_\_

ALL SECTIONS MUST BE COMPLETE. FAILURE TO RETURN THESE FORMS MAY RESULT IN NON-PARTICIPATION ON YOUR TOUR. FINAL PAYMENT IS DUE 60 DAYS PRIOR TO DEPARTURE. REFER TO SECTION ii FOR DISCOUNT INFORMATION.



# ARRIVAL & DEPARTURE INFORMATION



I AM ARRANGING MY OWN FLIGHTS

I AM AWARE THAT TRANSFERS ARE NOT INCLUDED

INITIAL

## COMPLETE ARRIVAL/DEPARTURE INFORMATION

### TOUR ARRIVAL INFORMATION

AIRLINE & FLIGHT NUMBER	FROM	TO	ARRIVAL DATE	ARRIVAL TIME

### TOUR DEPARTURE INFORMATION

AIRLINE & FLIGHT NUMBER	FROM	TO	DEPARTURE DATE	DEPARTURE TIME

# DECLARATION



*I have carefully read and I fully understand and accept the contents and conditions as stated under the heading "What you need to know" in this booklet, especially noting those regarding cancellation and refund policies, limitation of liability, and responsibility borne by trip participants. I agree on behalf of all persons listed above to pay the account balance no later than 60 days prior to departure date.*



**PLEASE SIGN**

SIGNATURE

DATE

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