Booking Form

Euro Creative Tours (U.K.) Ltd.
Operator of Jaltour

2nd Floor Dorland House, 14-16 Regent Street, London SW1Y 4PH

Tel: 020 7850 4409 **Fax:** 020 7850 4411 **E-mail:** jaltour@ectuk.com

ABTA No.7664X

Lead Passenger OR Travel Agency Contact Details (For correspondence purposes.)

Name: _____

Address: _____

_____ Post Code: _____

E-mail Address: _____ Business Tel: _____ Home Tel: _____

For Agents Only

Agent Contact Name: _____ ABTA/ATOL/IATA Number: _____

For Direct Customers Only

How did you hear about Jaltour? (eg. travel agent, specific magazine article): _____

Passenger Details as per Passport

Title	Forenames	Surname	Date of Birth	Nationality

Emergency Contact/ Next of Kin

Name: _____ Daytime Tel: _____ Evening Tel: _____

Tour Details

UK Departure Date: _____ UK Return Date: _____ Jaltour Contact Name: _____

Please specify tour name and accommodation level. Alternatively, please provide quotation date and number.

_____

Special Requests (We will do our best, but cannot guarantee to meet all requests.)

Please tick as appropriate and indicate relevant names where necessary:

Non-smoking rooms: Yes ☐ No ☐ Room type: Single ☐ Twin ☐ Double ☐ (Twin rooms are the norm in Japan.)

Vegetarian meals: Yes ☐ No ☐ Name(s): _____

Specific allergy: _____ Name(s): _____

Wheelchair: Yes ☐ No ☐ Name(s): _____

Insurance

Our insurance policy will automatically be added to all bookings, unless you indicate below that all passengers already have alternative travel insurance. Should you arrange your own insurance, it must provide cover at least equal to our policy. Please see page 17 of this brochure for the Schedule of Cover and Premium. Insurance must be arranged at the time of booking in order to cover cancellation.

Insurer's Name: _____

Payment Please fill in the amount you wish to pay now:

Deposit: _____ (Deposit equals £100.00 per person plus insurance if applicable.) **OR**

Full Amount: _____ (Applicable only if you are booking within 8 weeks of departure.)

Payment method - please tick as appropriate: Cheque ☐ Credit Card ☐ Debit Card ☐

Please make cheques payable to Euro Creative Tours (U.K.) Ltd.

All credit card payments are subject to a 2% surcharge.

Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Start Date: ☐☐/☐☐

Expiry Date: ☐☐/☐☐ Issue No. (if applicable) ☐ 3 Digit Security Code (on the back of the card) ☐☐☐

Billing Address of this card
(if different from contact address):

Address: _____

_____

_____

Cardholder's
Signature: _____

Date: _____

Declaration

I confirm that I have read the Travel Information and Terms and Conditions on pages 17 & 18 of this brochure, which I accept on behalf of myself and the persons named above. I am over the age of 18 and I understand the deposit is now non-refundable in the event of my cancellation.

Signature: _____ Date: _____