Group Tour 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

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	Passport Number	Expiry Date

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

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 £200.00 per person.) **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: _____