## **ECLIPSE OF THE CENTURY RESERVATION FORM 2017**

BLOCK CAPITALS PLEASE						
Contact Details of Lead Passer	nger					
TITLE GENDER M/F	FIRST NAME	SURNAME				
DATE OF BIRTH//	NATIONALITY					
POSTCODE	ADDRESS					
COUNTRY	TELEPHONE	MOBILE/CELL				
EMAIL	MAIL PASSPORT NO.					
Contact Details for Next of Kin ( <u>not</u> travelling) in the event of an emergency						
Name		Relationship				
Best Contact Tel No						
Contact Details of Second Pas	senger					
	_					
TITLE GENDER M/F	FIRST NAME	SURNAME				
DATE OF BIRTH//	NATIONALITY					
POSTCODE	ADDRESS					
COUNTRY	TELEPHONE	MOBILE/CELL				
EMAIL	PASSPORT	NO				
	DIE	TARY REQUIREMENTS				
		have any specific dietary requirements.				
Vegetarian⊔ Lacto-C	)vo Vegetarian∟ Pesca	atarian □ Vegan□ Kosher□ Other (please specify)				
		HEALTH & FITNESS				
Do any of the above suffer from any disability/medical condition that may affect your holiday arrangements? Yes \(\Bar{\text{\cup}}\) No \(\Bar{\text{\cup}}\)						
Do any of the above suffer from any visual or hearing impairments? Yes ☐ No ☐						
Do any of the above have walking difficulties or mobility restrictions? Yes $\square$ No $\square$ If the answer is YES to any of these questions please provide further details below.						
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## TRAVEL INSURANCE

website to obtain a quote. Whe coverage . (If you do not take o	y travel insurance policy appear on our website en asked where you are travelling to, just type ut insurance through us, please supply details Century insurance policy does NOT cover nor	in "USA". You will then be of your alternative insurar	offered a	choice of		
_		Number				
Emergency Assistance Company		one Number				
	,			_		
	PAYMENT TERMS					
Deposit:	£300.00 per person is required at time of booking					
2 <sup>nd</sup> Payment:	£987.50 per person is due on 24 Octo	£987.50 per person is due on <b>24 October 2016</b>				
Final Payment:	£987.50 per person is due on <b>27 March 2017</b>					
	PAYMENT DETAILS					
Pa	nyment Details	Amount	No.	Total		
DEPOSIT		£300.00				
TYPE OF BED REQUIRED (N.B.	TWIN/DOUBLE					
SINGLE SUPPLEMENT	£800.00					
IF YOU ARE A SINGLE TRAVELL WITH ANOTHER SINGLE TRAV	YES/NO					
TOTAL REMITTANCE Cheque of	£					
I wish to pay by: (tick box)  Mastercard   Visa   Am  Card No.  Issue Date:/ Expiry Date:	ex   Visa Debit   Cheque*  Cardholder's Name:					
Security No						
*If paying by Cheque, chequ	ues should be made payable to JAPAN JOU	JRNEYS LIMITED				
Eclipse of the Century is the	trading name of Japan Journeys Limited Association) under Membership		vith the T	TA (Travel Trust		
N.B. Credit Card payments are subject to a 1.5% handling fee. Amex card payments are subject to a 2.25% handling fee.						
On behalf of all named persons have viewed online at <a href="www.ecl">www.ecl</a>	on this Reservation Form, I accept the Bookin ipseofthecentury.com	g Conditions and the Payn	nent Terms	s which I		
Signed	Date	Total enclosed	: £			

Send Completed Booking Form to:

**Eclipse Of The Century**, Cameo House, 11 Bear Street, London WC2H 7AS, UNITED KINGDOM

Tel: +44 (0)20 7766 5237 Fax: +44 (0)20 7766 5268

Email: info@eclipseofthecentury.com