

ECLIPSE OF THE CENTURY RESERVATION FORM 2019

BLOCK CAPITALS PLEASE

Contact Details of Lead Passenger

TITLE _____ GENDER M/F _____ FIRST NAME _____ SURNAME _____

DATE OF BIRTH ___/___/_____ NATIONALITY _____

POSTCODE _____ ADDRESS _____

COUNTRY _____ TELEPHONE _____ MOBILE/CELL _____

EMAIL _____ PASSPORT NO. _____

Contact Details for Next of Kin (not travelling) in the event of an emergency

Name _____ Relationship _____

Best Contact Tel No. _____

Contact Details of Second Passenger

TITLE _____ GENDER M/F _____ FIRST NAME _____ SURNAME _____

DATE OF BIRTH ___/___/_____ NATIONALITY _____

POSTCODE _____ ADDRESS _____

COUNTRY _____ TELEPHONE _____ MOBILE/CELL _____

EMAIL _____ PASSPORT NO. _____

DIETARY REQUIREMENTS

Please let us know if you have any specific dietary requirements.

Vegetarian Lacto-Ovo Vegetarian Pescatarian 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 No

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 No

If the answer is YES to any of these questions please provide further details below.

TRAVEL INSURANCE

Details of Eclipse of the Century travel insurance policy appear on our website. All passengers should visit the links page on our website to obtain a quote. When asked where you are travelling to, just type in "ARGENTINA". You will then be offered a choice of coverage. (If you do not take out insurance through us, please supply details of your alternative insurance in the space below.) **Please note: the Eclipse of the Century insurance policy does NOT cover non-UK residents**

Insurance Company _____
Emergency Assistance Company _____

Policy Number _____
Telephone Number _____

PAYMENT TERMS

Deposit: £300.00 per person is required at time of booking
2nd Payment: £1,247.50 per person is due on **4 October 2018**
Final Payment: £1,247.50 per person is due on **7 March 2019**

Payment Details	Amount	No.	Total
DEPOSIT	£300.00		
INSURANCE (available from our website) not available to non UK residents			
ROOM TYPE REQUEST IF SHARING (delete as appropriate)	TWIN/DOUBLE		
SINGLE ROOM SUPPLEMENT	ON REQUEST		
SMOKING OR NON-SMOKING ROOM	SMOKE/NON-SMOKE		
IF YOU ARE A SINGLE TRAVELLER, WOULD YOU BE WILLING TO SHARE WITH ANOTHER SINGLE TRAVELLER OF THE SAME SEX?	YES/NO		
TOTAL REMITTANCE Cheque or credit/ debit card	£		

I wish to pay by: (tick box)

Mastercard Visa Visa Debit Cheque*

Card No.

Issue Date: __/__/__ Expiry Date: __/__/__ Cardholder's Name: _____

Security No. _____

***If paying by Cheque, cheques should be made payable to JAPAN JOURNEYS LIMITED**

Eclipse of the Century is the trading name of Japan Journeys Limited which is fully bonded with the TTA (Travel Trust Association) under Membership No. U3078

On behalf of all named persons on this Reservation Form, I accept the Booking Conditions and the Payment Terms which I have viewed online at www.eclipseofthecentury.com

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