

Booking Form

Please complete the form, sign it, and return to us by post, by fax, or by email

Please provide the full name of each passenger *exactly* as printed in their passport. If there are more than four passengers in your group please attach a separate sheet with their details.

	Passenger 1	Passenger 2	Passenger 3	Passenger 4
Title (Mr. Mrs. etc.)				
First Name				
Surname				
Sex				
D.O.B (DD/MM/YY)				
Nationality				
Passport Number				
Country of Issue				
Expiry Date (DD/MM/YY)				

Dietary Requirements and medical conditions

Please list below any medical conditions or dietary requirements you would like to advise us about

contact details of lead passenger	Next of kin / emergency contact
Name:	Name:
Address:	Relationship:
Postcode:	Daytime Tel:
Daytime Tel: Home Tel:	Home Tel:
Email Address:	

Your final documents will be sent by post approximately 4 weeks prior to the start date of your trip. These will need to be signed for. Please inform us if these should be sent to a different address to that given above.

Booking Reference			
Tour Name (if applicable)			
Package Start Date		Room Preference*	Non-smoking rooms are not always available, especially at traditional inns. We ask for your understanding in this matter.
Flight Details (if known)		Smoking Non-Smoking	
Arrival date in Japan		Twin (2 beds)	
Arrival Airport (usually NRT)		Double (1 double bed)	
Flight # & Arrival Time		Single (1 bed)	
Departure date from Japan		Other (Please state)	
Departure Airport (usually NRT)		* Please note that whilst we will do our best to adhere to room preferences these can NOT be guaranteed.	
Flight # & Departure Time			

Please be sure to sign the booking form:

A) I have understood and agree to the terms and conditions.	Signed:	
B) I and each member (if applicable) of my party will be covered by medical and personal accident travel insurance at the time of travel.	Date:	