

TKJ TRAVEL BOOKING FORM

TOUR NAME:

PASSENGER DETAILS (AS PER PASSPORT)				
Title				
First Name				
Middle Name				
Surname				
Preferred Name				
POSTAL ADDRESS				
	Street	City	Post Code	
TELEPHONE				
	Work hours	After Hours	Mobile	Other
Email Address				
PASSPORT DETAILS				
	Number	Expiry Date	Nationality	Date of Birth
PLEASE PROVIDE A COPY OF THE FRONT PAGE OF YOUR PASSPORT PRIOR TO TRAVEL				
MEDICAL CONDITIONS: <i>Please provide relevant details on the 'Health and Wellness' form. Take note- All information is managed by the TKJ Travel in the strictest confidence and is only accessed in the event of a medical emergency</i>				
DIETARY REQUIREMENTS: <i>Please list any allergies or specific dietary needs on 'Health and Wellness' form</i>				
EMERGENCY CONTACT				
Name			Relationship	
Address				
Mobile phone			Other contact	
ROOMING PREFERENCE				
Twin share with			Twins or Queen Bed	
Twin share allocated by TKJ Travel				
Single occupancy note single supplement charge applies				

I acknowledge that I have read and understood the Booking Conditions

SIGNED: _____

DATE: _____