

K O S H E R C R U I S E B O O K I N G F O R M

**Please print this form, complete in CLEAR CAPITAL LETTERS all information below and
Fax it to: +972 2 992 9802 or scan & email to david@eddiestravel.com**

KINDLY NOTE: No booking will be confirmed unless both pages of this booking form, fully completed and signed are received at the above fax number.

CRUISE DESTINATION and SAILING DATE:		
	<input type="checkbox"/> Cruise only	<input type="checkbox"/> Cruise and flights from Israel
CABIN CATEGORY:		
PASSENGER DETAILS	1 st Passenger	2 nd Passenger
Title (Mr/Mrs/Miss/Dr):		
Surname (as on passport): → PLEASE SEND A COPY OF YOUR PASSPORT WITH THIS FORM		
First Name (as on passport): →		
Date of Birth → (day-month-year):		
Home Address: → City Country Post code		
Email:		Fax number:
Telephone number (home): →		Mobile number:
Nationality of Passport: →		
Passport Number: →		
Passport Issue Date & City: →		
Passport Expiry Date: → (day-month-year)		
Occupation: →		
Place of Birth (City & Country): →		
Emergency Contact → (next of kin):		
Emergency Contact Telephone Number: →		
Please sign here:		

METHOD OF PAYMENT:

A Deposit payment of \$750 per person is required to confirm your reservation

<p>INSURANCE: All passengers must be adequately insured.</p>	<input type="checkbox"/> Bank Transfer details below	<input type="checkbox"/> Cheque send to address below	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Cash
<input type="checkbox"/> YES I wish to purchase insurance via Eddie's Travel	<p>CREDIT CARD DETAILS: Regardless of payment method, credit card details must be provided as security for payment. By signing below, authorization is hereby given to debit the credit card provided below for any payment not received by Eddie's Travel Ltd. for this booking as per the booking terms and cancellation policy listed below.</p>			
<input type="checkbox"/> NO I will arrange my own insurance Name of Insurer:	MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/>			
<p>MEDICAL DECLARATION: All the above named persons are fit to travel and are not traveling contrary to medical advice. All pre-existing medical conditions, which may require treatment aboard ship, must be declared. N.B. If there is a change in the general health of any of the above named, medical advice should be sought before taking the proposed holiday. A medical certificate may be requested.</p>	Credit Card Number:			
	Expiry date:			
	Name of card holder & CVV number:			
<p>CANCELLATION FEES: Bookings are refundable less \$100 administration fee until 90 days before sailing when full payment is due. Less than 90 days: 100% of total - no refund. We strongly recommend purchasing travel insurance.</p>	<p>PAYMENT TERMS: Balance of full payment is due 90 days before sailing: Automatically debit my card for balance: <input type="checkbox"/> Yes <input type="checkbox"/> Please call/email first All bank charges including bank of remitter and intermediary bank should be paid by remitter</p>			
<p>Penalties will apply to any part of this booking that is cancelled and will apply to all travel, including cruise, pre-cruise, land arrangements, tours, and airfare. Name changes and departure date changes are considered reservation cancellations and are subject to cancellation fees. We strongly recommend the purchase of cancellation insurance to avoid the cost of cancellation fees.</p>				
<p>How did you hear about this cruise and Eddie's Travel?</p>	<input type="checkbox"/> Internet:	<input type="checkbox"/> Print ad:	<input type="checkbox"/> Other:	
<p>BANK INFORMATION: Eddie's Travel Ltd. Bank HaPoalim-Branch 749 Netanya ISRAEL; Account #: 274409 Swift/BIC: POALILIT IBAN #IL012749000000274409 Please fax or scan & email a copy of your bank transfer to +972 2 992 9802</p>	<p>SIGNATURE SECTION: On behalf of the persons named above, whose authority I have to sign this agreement, I have read the information on this cruise and accept the Terms and Conditions of the supplier and confirm the accuracy of all details provided above.</p>			
<p>SPECIAL REQUESTS: Dietary, Table Seating, Mobility, Special Occasion etc</p>	Name:			
	Signature:			
	Date:			