



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 us at: +972 (0)9.8829.802.**

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

TOUR NAME		
DATE	From:	To:
OPTIONAL EXTENSIONS		
PASSENGER DETAILS	<input type="checkbox"/> 1st or <input type="checkbox"/> 3 rd Passenger	<input type="checkbox"/> 2 nd or <input type="checkbox"/> 4 th Passenger
Surname (as shown on passport)		
First Name (as shown on passport)		
Mr/Mrs/Miss		
Occupation		
Place of Birth (Country & City)		
Nationality		
Date of Birth		
Passport: Number		
Passport: Date & City of Issue		
Passport: Expiry Date		
Home Address:		
Postcode		
City		
Country		
Telephone Number		
E-mail address		
Emergency Contact (next of kin)		
Contact Number		

1st PAGE SIGNATURE INITIALS:



INSURANCE		PAYMENT DETAILS			
All passengers must be adequately insured		Non-refundable 10% deposit			
<input type="checkbox"/> Yes	Recommended insurance is required	Balance (tour): (Full payment 60 days prior to departure)			
<input type="checkbox"/> No	Alternative cover has been issued by:	Flights (if applicable)			
If your answer above is "Yes", then insurance premiums will be added to your invoice and must be paid with the deposit.		Insurance premium (if applicable)			
		TOTAL DUE			
METHOD OF PAYMENT *NOTE: For credit card payments there is an admin fee of: Amex 4%, other 2%		<input type="checkbox"/> Bank Transfer	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Cash
MEDICAL DECLARATION		CREDIT CARD DETAILS: *NOTE: Regardless of payment method, credit card details must be provided as security for payment.			
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 during the tour must be declared.		<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Amex	<input type="checkbox"/> Other: _____
		Expiry date		Name on card	
		Card No			
I heard about this cruise and Eddie's Travel from:		<input type="checkbox"/> Internet: at:	<input type="checkbox"/> Print ad: in:	<input type="checkbox"/> Other: from:	
CANCELLATION FEES					
60 - 53 days: 25% of total		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.			
52 - 31 days: 30% of total					
30 - 16 days: 50% of total					
15 - 7 days: 80% of total					
Less than 7 days: 100% of total					
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.		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.			
REMARKS:		Name: (please print)			
		Signature:			
		Date:			