

PERSONAL INFORMATION (LEAD PASSENGER)

Full Name (as appears on passport):

Date of Birth: ____ / ____ / ____
(DD/MM/YYYY)

Nationality: _____

PASSPORT DETAILS

Passport Number:

Issue Date: ____ / ____ / ____ (DD/MM/YYYY)

Expiry Date: ____ / ____ / ____ (DD/MM/YYYY)

Issuing Country:

CONTACT DETAILS

Preferred first name when on tour:

Email Address:

Home Address:

_____ STATE _____

ZIP _____

Cell phone:

PERSONAL INFORMATION (PASSENGER 2)

Full Name (as appears on passport):

Date of Birth: ____ / ____ / ____
(DD/MM/YYYY)

Nationality: _____

PASSPORT DETAILS

Passport Number:

Issue Date: ____ / ____ / ____ (DD/MM/YYYY)

Expiry Date: ____ / ____ / ____ (DD/MM/YYYY)

Issuing Country:

NEXT OF KIN DETAILS

Full Name:

Relationship:

Cell phone _____

DIETARY REQUIREMENTS

Do you have any dietary restrictions or allergies? ☐ Yes ☐ No

If yes, please specify:

Food restrictions:

☐ Vegetarian ☐ Vegan ☐ Gluten-Free ☐ Dairy-Free ☐ Other:

TOUR SELECTION

Preferred Tour Date (Please select one):

Tour 1: 8 – 19 May / Tour 2: 21 May – 1 June

Do you wish to join the extension tour? YES/NO

ACCOMMODATION

Room Type Preference:

☐ Single Room (Single Supplement Fee Applies)

☐ Twin Room (i.e. 2 beds, sharing with another participant)

☐ Double Room (i.e. 1 bed, sharing with another participant)

☐ If sharing, name of other participant:

☐ Please let us know if you are willing to share with another participant and we can endeavour to match you up with another participant of the same sex YES/NO

PAYMENT

Payment Method:

☐ Credit Card ☐ International Bank Transfer

For card payments, we will send you a payments link by email.

A deposit of \$700.00 per person is required to secure a place.

On behalf of all named persons on this Reservation Form, I accept the Booking Conditions available at www.japanjourneys.co.uk

Date: _____

Signature: _____

Japan Journeys Limited, Unit 16, 64 - 66 Wingate Square, London, SW4 0AF, UNITED KINGDOM

Tel: +44 208 064 2771

Email: info@japanjourneys.co.uk

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