

JETWORLD TRAVEL LTD

Booking Form

Please complete and return this form to:

Jetworld Travel LTD

73 Walton Road, Wavendon, Milton Keynes, Bucks MK17 8LH

Email: hitesh@jetworldtravel.com

HOLIDAY	DEPARTURE DATE
Australia & New Zealand	19th February 2011

MR/MRS	SURNAME	FIRST NAME	DATE OF Birth	PASSPORT NUMBER	NATIONALITY	Fare per person	
						£	
						£	
PRIVATE ADDRESS (LEAD NAME) Essential for Immigration purpose			TRAVEL INSURANCE & VISA		Sub - Total	£	
Address:			Medical and Travel Insurance must be obtained. <i>Copy of the Travel Insurance and Passport to be attached with this booking form for all names.</i> <u>It is your Responsibility to acquire valid visa, for country of visit.</u>		Tips & Gratuity £30.00 per person	£	
					Total	£	
					Special Request		
Post Code:			: Medical Declaration				
Tel. No. Home:			Please name any members of your party suffering from a physical, mental disability or chronic illness, which may affect their health and mobility during the holiday. Please advise details.				
Tel. No. Work:							
E Mail Address:							
						Every attempt will be made to satisfy your request but cannot be guaranteed	

Contact Name

Please give the name and address of someone in UK who you hereby confirm we may contact in case of an emergency arising during your stay with us.

MR/Mrs/ Miss/Ms _____

Address: _____

Post Code: _____

Telephone: _____

E Mail: _____

I have read on behalf of all persons named above the Booking conditions and accept the Terms and Contents.

Signature..... Date.....

The person signing the booking form does so on his/her own behalf and on behalf of all the other persons named on the booking form. In signing warrants that he/she is authorised to do so by everyone on the booking form and that each and every person on the form accepts these terms and conditions.

Please make cheque payable to: Jetworld Travel Ltd

TTA No: R754

Company No: 3680376
www.jetworldtravel.com

ATOL No. T7033