**PILGRIMAGE TO HOLY LAND, JORDAN, EGYPT AND TURKEY**

**Date**: Sunday 17 to Friday 29 November 2019

Price: £1800

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Please complete the form in BLOCK CAPITALS | | | | | | |
| **Passenger 1** | | | | | | |
| Title: (Mr/Mrs/Ms/Fr) | First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | As per passport | | | | As per passport | |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Post Code: \_\_\_\_\_\_\_\_\_\_\_\_ | E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Tel.(home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Tel.(mobile): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Passport Information (if known, or please advise at least 28 days prior to departure) | | | | | | |
| Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Passport No: \_\_\_\_\_\_\_\_\_\_\_\_ | | | Nationality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Country of Issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Passport Issue Date: | | Passport Expiry Date: | | Wheelchair user **YES No** Gender **M** **F** | | |
| **It is essential for you to provide us with the details of an emergency contact whilst abroad:** | | | | | | |
| Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | | | | | | |
| **Passenger 2** | | | | | | |
| Title: (Mr/Mrs/Ms/Fr) | First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | As per passport | | | | As per passport | |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Post Code: \_\_\_\_\_\_\_\_\_\_\_\_ | E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Tel.(home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Tel.(mobile): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Passport Information (if known, or please advise at least 28 days prior to departure) | | | | | | |
| Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Passport No: \_\_\_\_\_\_\_\_\_\_\_\_ | | | Nationality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Country of Issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Passport Issue Date: | | Passport Expiry Date: | | Wheelchair user **YES No** Gender **M** **F** | | |
| **It is essential for you to provide us with the details of an emergency contact whilst abroad:** | | | | | | |
| Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**It is important to note: any passport information submitted on this form needs to be correct. If not a charge could be incurred for any amendments**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PAYMENT  Please Complete | | I have read and agreed for persons on this form to accept the Booking Conditions | | | | |
| **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Payments by cheque should be made payable to ‘Caravan Tours & Travel Limited’. **(Please do not send cash)** | | | | | | |
| **Deposit payments:** | | | | | | |
| I enclose my payments (being the deposit as shown above per person & insurance premium per person ) of \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| I would like to pay by | Credit  Card | | Debit Card | Please debit my Credit /Debit Card for the amount of\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | | | | | Note: Credit card payment incur an additional admin charge. | Image result for credit card logo |
| Card start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Card Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Switch/Debit Card issue no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ The 3 digit security code shown on the back of your card | | | | | | |
| I authorized the balance to be debited from my account 8 weeks prior to departure **YES / NO**, delete if not applicable. | | | | | | |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |

|  |
| --- |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Important Information | **INSURANCE** | | Comprehensive travel insurance (available for UK residents only) is essential, please check the appropriate box if you require ours, if you are not taking ours, please provide your own insurance details in the space provided below. | | | |
| Do you require our Insurance? | | | Insurers | Policy Number | Insurer’s emergency number |
| **Passenger 1** YES NO | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Passenger 2** YES NO | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **VISA** | Please ensure that you applied for a VISA if one is required for your trip. | | | | |
| **Pilgrimage details:** | | | | | | |
| Pilgrimage Destination / Description: **PILGRIMAGE TO HOLY LAND, JORDAN, EGYPT AND TURKEY** | | | | | | |
| Please Book places | | | | | | |
| No. of people | | | | | | |
| Number of Nights: | | | | | | |
| Please check your room type: Twin Double Single Triple Family  (not all room are available at all destinations) | | | | | | |
| If you are travelling alone and do not wish to incur the singe room supplement please state if you are willing to share with another pilgrim of the same gender and similar age. If we are unable to do this, we will accommodate you in a single room and reserve the right to make an additional charge of up to the quoted room single supplement.  If travelling with friends or family, please indicate with whom you would like to share a room. | | | | | | |

**SPECIAL REQUEST:**

Kindly state your special request but subject to availability.

**ROOM:** \_\_\_\_ SMOKING \_\_\_Non Smoking

**MEAL:** \_\_\_\_ Vegetarian Diet \_\_\_ Non Vegetarian

**SPECIAL NEEDS:**

**TRAVELLERS WITH SPECIAL NEEDS**

If you have special needs or a disability you must call the provider of your accommodations ahead of time and verify special needs can be met. WTL make no guarantee as the ability of any accommodations, activity provider, or facilities advertised on its site to meet the special needs of disable clients. \*Single Supplement Room Additional £300­­

**PAYMEN DETAILS FOR INSTALLMENT**

I enclose Non-Refundable Deposit @ £200.00 per person = £ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Payable immediately)

I enclose Full Amount @ £1800.00 per person = £ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I enclose Single Room Supplement @ £300.00 per person = £ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I enclose All cheques made payable to Caravan Tours & Travel Limited and returned with completed booking form.

**Notes: Visa to Egypt $ 25 can be applied either at Egypt Embassy in London or at the Border in Egypt. Turkey visa will be applied online of whose $20 are not included. Assistance to visa application are available.**

Contact No: +447818021874 Location: 7 Opal Court, Drinkwater Road, Harrow HA2 0FSFully registered company in England & Wales No. 10511095 E-mail: londonuk@worldmasterinternationaltravel.comWebsite: www.worldmasterinternationaltravel.com

**CLIENT DECLARATION**

I warrant that I am authorised to make this booking and that I have read, understand and accept for myself and all others named above, the Booking Conditions and other information set out in any brochure/leaflet relevant to my holiday. I am 18 years old or over (If under 18 years of age, this Booking Form may be signed by your Parent/Guardian.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No: +44 (0) 2033 702 555 Location: Suite 505 Linen Hall, 162-168 Regent Street, W1B 5TF, London

Fully registered company in England & Wales No. 07975087 E-mail: [info@caravantourstravel.com](mailto:info@caravantourstravel.com)

Website: www.caravantourstravel.com