



RESERVATION FORM

This section to be completed by the Agent / Operator or Direct Passenger making the Reservation,
To whom all correspondence and tickets will be sent

Name		Phone (Day)
Address		Phone (Evening)
		Postcode
Country		Email

PASSENGER 1 DETAILS

(NAME TO BE COMPLETED AS PER PASSPORT DETAILS)

Title		First Name(s)		Surname	
Passport No.				Expiry Date	
DOB				Nationality	
Hotel Room Preference:	Single	Double/Twin	Twin Essential	Sharing with	
Hotel Rooms Only:	SMOKING		NON-SMOKING		
Dietary Requirements (Please specify):					

INSURANCE INFORMATION

Name of Insurance Company		
Policy or certificate number		
Valid from (date) – to (date)		
24 hour medical emergency telephone number		
Travel Insurance :	It is a condition of booking that all clients have current and valid travel insurance. We reserve the right to decline a reservation if adequate proof of valid travel insurance cannot be provided to us upon request. Please tick one of the below:	
Insurance information supplied above	<input type="checkbox"/>	Insurance information will be advised at least 90 days before departure <input type="checkbox"/>

PASSENGER 2 DETAILS

(NAME TO BE COMPLETED AS PER PASSPORT DETAILS)

Title		First Name(s)		Surname	
Passport No.				Expiry Date	
DOB				Nationality	
Hotel Room Preference:	Single	Twin/ Double	Twin Essential	Sharing with	
Hotel Rooms Only:	SMOKING		NON-SMOKING		
Dietary Requirements (Please specify):					

INSURANCE INFORMATION

Name of Insurance Company		
Policy or certificate number		
Valid from (date) – to (date)		
24 hour medical emergency telephone number		
Travel Insurance :	It is a condition of booking that all clients have current and valid travel insurance. We reserve the right to decline a reservation if adequate proof of valid travel insurance cannot be provided to us upon request. Please tick one of the below:	
Insurance information supplied above	<input type="checkbox"/>	Insurance information will be advised at least 90 days before departure <input type="checkbox"/>

TOUR DETAILS FOR ALL PASSENGERS

Tour Name:	
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Tour Dates:	<i>From:</i>	<i>To:</i>
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QTY	Cabin Class	Twin/Single	Deposit per Person*	Total

UK residents pay in £ Sterling; residents of the Euro zone pay in Euros; and residents of the USA and all other countries pay in US Dollars.	*For Deposit Amount due Per Person please refer to our website. Payment in full required for bookings made within 60 days of departure	Currency	
		Grand Total	
		Deposit Total	
		Balance	

If there are any other details you feel we should be aware of (i.e medical conditions etc) please use this space to provide us with the necessary information:

Additional Services (e.g. extra hotel nights, interpreter):	Special Requests (e.g birthday/wedding anniversary being celebrated during tour) including dates when passport(s) will NOT be available for visa processing:
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All cheques should be made payable to the agent "Asla Limited"	SIGNED _____ PRINT NAME _____ DATE _____
No contract exists until we send you a Reservation Confirmation. Payment of the final balance is due 60 days before your tour departure date.	
This booking is made subject to GW Travel's Booking Conditions, which I have received/seen on your website and read.	