



Booking Form

To proceed with your reservation, please complete this form (separate for each traveler) and mail it to us with your deposit/payment. Final documents will not be released without this form on file.

Tour Information

Tour Date	
# Of passengers traveling with you	
Country(s) of Travel	

Personal/Contact Information

Last Name		First Name		Middle Initial	
Date of Birth		Profession		Sex	<input type="checkbox"/> M / <input type="checkbox"/> F
Street					
City		State		Zip Code	
Home Phone		Business Phone		Cell Phone	
Fax		Email			

Passport Information

Passport #		Nationality	
Date of Issue		Date of Expiry	

Flight Information (Only Required if not ticketed by A & S TRAVELS INC.,(DBA A & S Signature Journeys)

Date	Departure City	Departure Time	Flight #	Arrival City	Arrival Time	Class of Service

Emergency Contact Information

Name		Relationship	
Address		Phone	

Travel Insurance Information

Travel Protection Required: <input type="checkbox"/> No / <input type="checkbox"/> Yes	
<input type="checkbox"/> If No, please provide details of coverage you possess:	
<input type="checkbox"/> If Yes, type of coverage required: <input type="checkbox"/> Land Only / <input type="checkbox"/> Land and Air	
My pre-existing conditions are:	
My Beneficiary(s) is/are: <input type="text"/>	Relationship: <input type="text"/>

While on tour, I/We will be celebrating:

<input type="checkbox"/> A Birthday	On Date: <input type="text"/>
<input type="checkbox"/> An Anniversary	
<input type="checkbox"/> A Special Event	
Please specify:	

Bedding Preference:

<input type="checkbox"/> Double (1 large bed for 2 persons)
<input type="checkbox"/> King
<input type="checkbox"/> Queen
<input type="checkbox"/> Twin (2 separate beds) - Sharing with

Dietary Restrictions:

Any dietary restrictions you would like us to be aware of?
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