

JOSARO TOURS TOUR RESERVATION FORM

PERSONAL INFORMATION (WRITE YOUR NAME AS IT APPEARS IN YOUR PASSPORT)

Last Name:		First Name:		Middle Name:	
Date of birth:		Citizenship:		Former Nationality:	
Current address:					
City:		State:		ZIP Code:	
Phone Numbers	Home:		Cell:	Work:	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Passport No:		Expiration Date:	
Email:			Alternate email:		

TOUR SELECTION (PLEASE CHECK ONE BELOW)

DUBAI <input type="checkbox"/>	CUBA <input type="checkbox"/>	COLOMBIA <input type="checkbox"/>	EGYPT <input type="checkbox"/>	TURKEY <input type="checkbox"/>	SOUTH AFRICA <input type="checkbox"/>
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HOTEL ARRANGEMENTS

<input type="checkbox"/> I am traveling alone. I will pay extra fee to have a single private room.		<input type="checkbox"/> I would like to share a room with someone	
Are you traveling with someone? <input type="checkbox"/> N <input type="checkbox"/> Y		If yes, please provide the information below.	
Last Name:		First Name:	
MI:			
Type of hotel room preferred		<input type="checkbox"/> One bed	<input type="checkbox"/> two beds

SPECIAL REQUESTS

Are you vegetarian? <input type="checkbox"/> N <input type="checkbox"/> Y
Any other special requests?

EMERGENCY CONTACT INFORMATION

Last Name	First Name	Relationship
Phone #	Cell Phone:	email

SIGNATURE

Signature :	Date:

IMPORTANT INFORMATION

PLEASE RETURN THIS FORM COMPLETED AND SIGNED WITH A COPY OF THE FIRST PAGE OF YOUR PASSPORT AND A DEPOSIT OF US\$350. THIS DEPOSIT IS NON REFUNDABLE