



BOOKING FORM

PERSONAL DETAILS

SURNAME
TITLE (Dr / Mr / Mrs / Ms)
FIRST NAME/S

PLEASE NOTE: THE NAME / S AND SURNAME NEED TO BE EXACTLY AS PER PASSPORT

DATE OF BIRTH

YEAR	/	MONTH	/	DAY
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HOME ADDRESS

POSTAL ADDRESS

(IF DIFFERENT TO ABOVE)

EMERGENCY CONTACT DETAILS

TOWN
STATE
ZIP CODE

NAME
NUMBER

TELEPHONE NUMBER WORK

--

HOME

--

CELL PHONE

--

FAX

--

EMAIL ADDRESS
(Please print)

--

SPECIAL DIETRY REQUIREMENTS?

--

PASSPORT DETAILS

PASSPORT NUMBER

--

COUNTRY OF ISSUE

--

COUNTRY OF
RESIDENCE

--

DATE ISSUED

YEAR	/	MONTH	/	DAY
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EXPIRY DATE

YEAR	/	MONTH	/	DAY
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Please provide a color copy of your passport with this form.

TOUR PREFERENCES

OPTION 1 - SOUTH AFRICA

OPTION 2 - GHANA

OPTION 3 - TURKEY

OPTION 4 - CHINA

OPTION 5 - OTHER

PLEASE SPECIFY ROOM TYPE REQUIREMENTS

ROOM REQUIRED

SINGLE

TWIN

SHARING WITH (TWIN / DOUBLE)

DO YOU REQUIRE TRAVEL INSURANCE?

YES

NO

Trip Cancellation & Interruption Insurance to cover any unexpected incidents that may occur prior or during your trip is highly recommended.

(See clause regarding Travel insurance)

AIR TRANSPORTATION PREFERENCES

Rates to upgrade from economy Class available on request.

ECONOMY CLASS

BUSINESS CLASS

PREFERRED SEATING

(Please note: Preferred seating can be requested, but not guaranteed)

FREQUENT FLYER NUMBERS

PAYMENT SCHEDULE

INITIAL DEPOSIT OF _____

DUE BY _____

ADDITIONAL PAYMENT OF _____

DUE BY _____

FINAL PAYMENT DEPOSIT OF _____

DUE BY _____

ALL PAYMENTS SHOULD BE SENT TO: YATES TOURS, P.O. BOX 5027, HYATTSVILLE, MD 20782

(Please refer to the Tour Information on your specific tour for complete payment details)

TERMS AND CONDITIONS OF AIRLINE CARRIAGE AND TRAVEL INSURANCE

- I ACCEPT AND UNDERSTAND THAT YATES TOURS / HARVEY WORLD TRAVEL WILL NOT BE RESPONSIBLE IN ANY WAY, FOR CANCELLATION OR AMENDMENT FEES (EVEN IF THEY ARE 100%) PERTAINING TO DENIED BOARDING OF THIS / THESE PASSENGERS/S BY AIRLINE OR IMMIGRATION, FOR ANY REASON.
- FOR ANY REASON THAT BOARDING IS DENIED – EITHER BY THE AIRLINE OR PASSPORT CONTROL OF COUNTRY OF DESTINATION – I ACCEPT THAT I MUST COMMUNICATE DIRECTLY WITH THE AIRLINE CONCERNED REGARDING REFUND / REBOOKING NOT WITH YATES TOURS OR HARVEY WORLD TRAVEL.
- I UNDERSTAND THAT I CANNOT HOLD YATES TOURS / HARVEY WORLD TRAVEL RESPONSIBLE FOR ANY MONIES LOST DUE TO DENIED BOARDING, AND I MUST CLAIM FROM THE AIRLINE DIRECT.
- I CONFIRM THAT IT IS MY RESPONSIBILITY TO MAKE SURE MY TRAVEL DOCUMENTS ARE 100% IN ORDER AS PER THE REQUIREMENTS OF THE COUNTRY OF DESTINATION AND THAT YATES TOURS / HARVEY WORLD TRAVEL WILL IN NO WAY BE RESPONSIBLE FOR MY ENTRY DOCUMENTATION, OR SHOULD I/WE BE DENIED ENTRY BASED ON THE DOCUMENTATION (OR LACK THEREOF).
- IF I SHOULD MISS MY FLIGHT DUE TO NEGLIGENCE ON MY PART (LATE ARRIVAL, EXPIRED PASSPORT, NO VISA ETC) – I UNDERSTAND THAT THIS CONSTITUTES CANCELLATION/NO SHOW BY THE AIRLINE, AND AS SUCH, I WILL BE RESPONSIBLE FOR THE CANCELLATION/NO SHOW FEES AS WELL AS ANY CHANGE PENALTIES TO RE-BOOK THE TICKET THAT IS CHARGED BY THE AIRLINE AND AGENT.
- I CONFIRM THAT I HAVE READ AND UNDERSTOOD YATES TOURS / HARVEY WORLD TRAVEL’S FULL TERMS AND CONDITIONS ANNEXED HERETO, AND I UNDERSTAND THE ABOVE AS WELL AS THE FULL SET OF TERMS AND CONDITIONS.
- I CONFIRM THAT I HAVE BEEN OFFERED TRAVEL INSURANCE BY YATES TOURS / HARVEY WORLD TRAVEL TO: _____. I CONFIRM THAT I HAVE BEEN ADVISED BY YATES TOURS / HARVEY WORLD TRAVEL THE IMPORTANCE OF SECURING TRIP CANCELLATION AND INTERRUPTION INSURANCE TO COVER ANY UNEXPECTED INCIDENTS THAT MAY OCCUR PRIOR TO OR DURING MY TRAVEL ADVENTURE.

TO BE COMPLETED BY THE CLIENT

I/We confirm that I/we have secured the necessary passports, visas, insurance and inoculations for this tour.

I/We have read, fully understand and accept the Conditions of Contract and Booking Conditions as set out by the Tour Operator and/or Airline (refer our web site) as well as the above listed Terms and Conditions of carriage. I am age 18 or older and authorized to effect reservations and the conditions applying thereto, on behalf of all those detailed above.

SIGNATURE OF CLIENT (if under 18, parent/guardian’s signature)

NAME (in block capitals)

DATE

