



Booking Form

Please complete this form (one per traveler) and submit it 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 checked="" type="checkbox"/> If No, please provide details of coverage you possess:	
<input checked="" 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:	Relationship:

While on tour, I/We will be celebrating:

Bedding Preference:

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