



Booking Form

| | |
|------------|-------------|
| Tour Name: | Tour date: |
| Name: | Email: |
| Phone: | Cell phone: |
| Address: | City: |
| State: | Zip code: |

| | |
|-----------------------------------|--------|
| Emergency Contact details: | Phone: |
| Name: | Email: |

Passengers Information (as it appears on your passport)

| Title | First name | Middle name | Last name | D.O.B MM/DD/YY | Meal | Citizenship | Passport number | Price USD \$ |
|-------------------------------|------------|-------------|-----------|-------------------|------|-------------|-----------------|-----------------|
| Mr. | | | | | | | | |
| Mrs. | | | | | | | | |
| Miss | | | | | | | | |
| Mstr | | | | | | | | |
| Total | | | | | | | | |
| Credit card 4% Additional fee | | | | | | | | |
| Early bird Discount | | | | | | | | |
| Grand Total | | | | | | | | |

- Room type: DBL = One king or Queen Size bed
- Twin = Two separate bed
- Triple = One king or Queen Size and one additional bed
- Single = One single bed (single supplement applies)

Please note: Max three people allowed in one room

Please check on the box below that you read & understand and accept the T&C

| | | | |
|--|--|----------------|--|
| Declaration & Payments: | | | |
| Full payment is required within 6 weeks prior to departure, 40% deposit is require at the time of booking to hold your space on the tour. I enclosed a non-refundable deposit of \$_____ towards the cost of the tour (If you are paying by credit card please add 4% or you can pay by cash or check payable to Axar Tour Global Holidays LLC and mail it to 2470 Windy Hill Rd, Suite 160, Marietta GA 30067) | | | |
| Cardholder name: | | Card number: | |
| Card Expiry date: | | Security code: | |

| | |
|------------------|--|
| Signature: | |
| Date: (MM/DD/YY) | |