



EDDIE'S TRAVEL

*'for kosher travelers - Since 1957'*

## BOOKING FORM

**Please print this form, complete in CLEAR CAPITAL LETTERS all information below and Fax it to us at: +972 (0)9.8829.802.**

**[KINDLY NOTE: No booking will be confirmed until both pages of this booking form, fully completed and signed are received at the above fax number.]**

<b>CRUISE NAME:</b>		
<b>CRUISE DATE:</b>	From:	To:
<b>BOOKING:</b>	<input type="checkbox"/> Cruise and flights	<input type="checkbox"/> Cruise only (no flights)
<b>OPTIONAL EXTENSIONS:</b>	<input type="checkbox"/> Pre Cruise	<input type="checkbox"/> Post Cruise <input type="checkbox"/> Other:
<b>PASSENGER DETAILS</b>	<input type="checkbox"/> 1st or <input type="checkbox"/> 3 <sup>rd</sup> Passenger	<input type="checkbox"/> 2 <sup>nd</sup> or <input type="checkbox"/> 4 <sup>th</sup> Passenger
Surname (as shown on passport)		
First Name (as shown on passport)		
Title (Mr/Mrs/Miss/Dr...)		
Occupation		
Place of Birth (Country & City)		
Nationality		
Date of Birth		
Passport: Number		
Passport: Date & City of Issue		
Passport: Expiry Date		
Home Address:		
Postcode		
City		
Country		
Telephone Number		
E-mail address		
Emergency Contact (next of kin)		
Emergency Contact Telephone Number		

**1<sup>st</sup> PAGE SIGNATURE INITIALS:**



<b>CABIN GRADE:</b>			
<b>INSURANCE</b>		<b>PAYMENT DETAILS</b>	
All passengers must be adequately insured		Non-refundable deposit \$500 per person (cruise):	
<input type="checkbox"/> yes	Recommended insurance is required	Balance (cruise): (Full payment 60 days prior to departure)	
<input type="checkbox"/> No	Alternative cover has been issued by:	Flights (if applicable):	
If your answer above is "Yes", then insurance premiums will be added to your invoice and must be paid with the deposit.		Optional Extensions (if applicable):	
		Insurance premium (if applicable):	
		<b>TOTAL DUE:</b>	
<b>METHOD OF PAYMENT</b>		<input type="checkbox"/> Bank Transfer	<input type="checkbox"/> Check
*NOTE: For credit card payments there is an admin fee of: Amex 4%, other 2%		<input type="checkbox"/> Credit Card	<input type="checkbox"/> Cash
<b>MEDICAL DECLARATION</b>		<b>CREDIT CARD DETAILS:</b>	
All the above named persons are fit to travel and are not traveling contrary to medical advice. All pre-existing medical conditions, which may require treatment aboard ship must be declared.		*NOTE: Regardless of payment method, credit card details must be provided as security for payment.	
		<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard
		<input type="checkbox"/> Amex	<input type="checkbox"/> Other: _____
		Expiry date	Name on card
		Card No	
<b>I heard about this cruise and Eddie's Travel from:</b>		<input type="checkbox"/> Internet:	<input type="checkbox"/> Print ad:
		at:	in:
			<input type="checkbox"/> Other: from:
<b>CANCELLATION FEES</b>			
60 - 53 days: 25% of total		Name changes and Departure Date changes are considered reservation cancellations and are subject to cancellation fees. <b>We strongly recommend</b> the Purchase of cancellation insurance to avoid the cost of cancellation fees.	
52 - 31 days: 30% of total			
30 - 16 days: 50% of total			
15 - 7 days: 80% of total			
Less than 7 days: 100% of total			
<b>N.B.</b> If there is a change in the general health of any of the above named, medical advice should be sought before taking the proposed holiday. A medical certificate may be requested.		<b>SIGNATURE SECTION</b>	
<b>REMARKS:</b>		On behalf of the persons named above, whose authority I have to sign this agreement, I have read the information on this cruise and accept the Terms and Conditions of the supplier and confirm the accuracy of all details provided above.	
		<b>Name: (please print)</b>	
		<b>Signature:</b>	
		<b>Date:</b>	