

Client NAMES

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

DOB \_\_\_\_\_ Nationality \_\_\_\_\_

(as they appear on passport)

Phone: (work) \_\_\_\_\_ ( home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email address: \_\_\_\_\_

MAILING Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

BILLING Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

PASSPORT No \_\_\_\_\_ PLACE OF ISSUE \_\_\_\_\_

ISSUE DATE \_\_\_\_\_ EXP DATE \_\_\_\_\_

CREDIT CARD No. \_\_\_\_\_

EXP/DATE \_\_\_\_\_ CVV/CODE ON BACK \_\_\_\_\_

SIGNATURE (of card holder) \_\_\_\_\_

DATE \_\_\_\_\_

TOTAL PACKAGE PRICE \_\_\_\_\_

DEPOSIT \_\_\_\_\_ Date \_\_\_\_\_

FINAL \_\_\_\_\_ Date \_\_\_\_\_

Dates of travel \_\_\_\_\_

Trip Insurance Notification: (Signature REQUIRED) INQUIRE WITH AGENT FOR COMPLETE COVERAGE Trip insurance is strongly recommended by Golden Fish Travels to protect your travel investment from certain situations that could cause this trip to be cancelled, interrupted, and/or delayed resulting in a loss of time and monies.

I hereby waive trip insurance. I understand that Golden Fish Travels will be held free of any claims made as part of this transaction.

Date: \_\_\_\_\_ Client Signature: \_\_\_\_\_

I hereby accept trip insurance. I agree to all of the terms and conditions of the insurance program.

Date: \_\_\_\_\_ Client Signature: \_\_\_\_\_

Cancellation Penalties: (Signature REQUIRED) I understand the cancellation/aendment policies of the vendor's travel program that I have purchased. In addition, I understand that Golden Fish Travels will access the fees indicated in our Terms and Conditions. I agree to pay all charges, fees, or penalties, and hereby hold Golden Fish Travels free of any claims made as a result of the changes/cancellation of this travel reservation. For your convenience, this signature will be kept on file with our agency and the acceptance of the Terms and Conditions are applicable and binding for all subsequent booking with Golden Fish.

Date: \_\_\_\_\_ Client Signature: \_\_\_\_\_

TRAVEL DOCUMENTS (Signature REQUIRED) It is the sole responsibility of the travelers to research, process and obtain the necessary and valid travel documents./ passports/visas for travel and where applicable, all inoculations have been carried out and a health certificate is available. GFT cannot in any circumstances be responsible if you or your members are not granted entry into the country you are visiting. You have 14 days after making the deposit in which to book insurance.

Date: \_\_\_\_\_ Client Signature: \_\_\_\_\_