

Splendours of India

We are pleased you are joining us on one of our Holidays of a Lifetime and would ask you to kindly complete this form (together with the Mandatory Security Form) and return to Goway Travel. Please print clearly in **CAPITAL** letters.
This form should be completed as soon as possible to ensure your place on the tour.

Goway Fax: (800) 893 4679 _____ Goway Land Agent: _____

Passenger's Last Name: _____ Given (First) Name(s) as in Passport: _____

Name You Want Used on Tour: _____ Date of Birth (eg. JUL/21/55): _____

Home Address: _____ City: _____

Province / State: _____ Postal / Zip Code: _____ Home Tel: () _____

Email Address: _____

Have all your visas been obtained (ie: India, etc...)? _____ Have all your inoculations been obtained? _____

Accommodation requests (not guaranteed): 1 bed in room 2 beds in room

Any special dietary needs?: _____

Additional requests: (near elevator/low floor/smoking/non-smoking room etc...)(not guaranteed) _____

*Any Health Problems/Medications or mobility issues that you feel we should know about: (e.g. Heart/Asthma/traveling with a walker) _____

NOTE: Goway reserves the right to request a doctor's Medical Travel Clearance for certain medical conditions.

Any occasion being celebrated while in destination? (eg. Birthday/Anniversary): _____ Date: _____

Would you be willing to share your contact information with other tour members prior to departure? Yes No

The above information is designed to assist our escort in caring for your needs whilst on tour. Your cooperation is much appreciated.

Where did you hear about this tour (eg. newspaper ad/referred by friend/Goway website/ travel agent recommendation or other)

Please elaborate: _____

Date Tour Starts: _____ Date Tour Ends: _____

Travel Agency's Name: _____ Travel Agent's Name: _____

Travel Agent's Email: _____ Agency's Tel: () _____

Address: _____ Postal Code: _____

I have read thoroughly and accept the general information and booking conditions as per Goway's current Asia brochure and/or website.

I have taken / not taken out adequate cancellation and medical insurance. I have / am in the process of obtaining my visa(s).

Passenger's Signature: _____ Date: _____

Travel Agent's Signature: _____ Date: _____