

FAX BOOKING FORM



BON VOYAGE HOLIDAYS

6425 – 120th Street, Delta, BC, Canada V4E 3G3

Phone: 604.594.7515 or Toll Free: 1 800.663.7732 Fax: 604.594.5162

Please fill out **ALL** information on this form and fax your request to Bon Voyage Holidays at (604) 594-5162 to request your booking. Confirmation will be faxed or emailed to you as soon as we are able, the usual time frame is 24 to 48 hours from the time the request is received.

***NOTE: ANY INCOMPLETE FORMS WILL NOT BE PROCESSED.* PLEASE USE A NEW FORM FOR EACH CABIN REQUESTED.**

Date: _____ Agency# _____ Direct or ext# _____

IATA# OR CLIA# _____ Email: _____

Agency: _____ Agent Name: _____

BOOKING INFORMATION

Package (City/Ship name): _____

Departure Date (DD/MM/YY) _____ Return Date: _____

Cabin Cat. Requested: _____ Base Fare Requested: \$ _____ PP

Cabin Request: Guarantee Assignment _____ Upgrades accepted? YES NO

Names: 1) _____ Age: _____ Past Pax# _____
Last Name / First Name, Title – As per Passport

2) _____ Age: _____ Past Pax# _____
Last Name / First Name, Title – As per Passport

3) _____ Age: _____ Past Pax# _____
Last Name / First Name, Title – As per Passport

4) _____ Age: _____ Past Pax# _____
Last Name / First Name, Title – As per Passport

Dining Request: First Second Table of 4 6 8 Personal

Cross-Reference with: _____

Special Occasions: _____ Date: _____

Booking Requests: _____

Bedding Requests: 2 Beds / 1 Bed Dietary Requests: _____

Vacation Protection Plan \$50.00 per passenger (payable at time of deposit) Accepted Declined

PAYMENT INFORMATION

FULL PAYMENT REQUIRED WITHIN 90 DAYS OF DEPARTURE

① Amount: \$ _____ Type of payment: Cheque _____

CC# _____ Exp. _____ Name: _____

② Amount: \$ _____ Type of payment: Cheque _____

CC# _____ Exp. _____ Name: _____