



RESERVATION FORM

PLEASE PRINT, COMPLETE IN FULL AND RETURN TO K. BENN TRAVEL

8 Price Street, Suite 200, Toronto, Ontario CANADA M4W 1Z4

toll free: 1 800 563-4181 tel: 1 (416) 934-0994 fax: 1 (416) 934-1030 email: info@kbennttravel.com

1 _____ Mr / Mrs / Ms _____

Passport Last Name (circle one) Date & Place of Birth (Month/Day/Year)

Passport First Name Passport Number

Home Address Passport Date & Place of Issue (Month/Day/Year)

City State Zip Code Passport Expiration Date

Tel: Home Business Fax Country of Issue Citizenship

Email: _____ Occupation: _____

Health / Dietary Restrictions: _____

Emergency Contact Name Address

Telephone – Home Business Relationship

2 _____ Mr / Mrs / Ms _____

Passport Last Name (circle one) Date & Place of Birth (Month/Day/Year)

Passport First Name Passport Number

Home Address Passport Date & Place of Issue (Month/Day/Year)

City State Zip Code Passport Expiration Date

Tel: Home Business Fax Country of Issue Citizenship

Email: _____ Occupation: _____

Health / Dietary Restrictions: _____

Emergency Contact Name Address

Telephone – Home Business Relationship



NAME OF OASIS JOURNEY: _____

Journey Dates: _____

Please reserve _____ place(s) on this journey.

Please reserve _____ place(s) on the pre / post extension, if applicable.

Pre / Post Extension dates: _____

I / We enclose a deposit of US\$1,000 per person.

I prefer single-room occupancy for which I am willing to pay the quoted Single Supplement Fee.

Where available at hotels, I / We prefer : 2 TWIN beds 1 QUEEN or KING bed

OPTIONAL CANCELLATION INSURANCE :

I / We would like the *Optional Non – Medical Trip Cancellation Insurance*. The premium is non-refundable and must be paid with the trip deposit or when final payment is due. Please call for a quote.

A premium of US\$ _____ per person, for _____ person(s) is enclosed.

METHOD OF PAYMENT :

Checks should be made payable to: K. BENN TRAVEL. If paying by VISA, MasterCard or AMEX credit cards, complete the details below:

Number on credit card: _____ Security Code: _____

Type of credit card: _____ Expiry Date: _____

Actual Name on Credit Card: _____

Signature: _____

AIR FLIGHTS :

I / We would like K. Benn Travel to book the air flights corresponding to the selected journey. For routings and rates on all fares, please call for information. If you are not using K. Benn Travel for your air flights, *let us know your exact air schedule* so we may confirm your arrival and departure.