

SCOTLAND JOURNEY
07 – 22 JUNE, 2007
BOOKING FORM

FIRST & LAST
NAME.....
(as appears on passport)

ADDRESS.....

CITY..... POSTAL CODE.....

PHONE: (HOME)..... PHONE: (WORK).....

EMAIL: (HOME) EMAIL: (WORK).....

DATE OF BIRTH:..... Passport details not required at time of deposit.

TRAVELLING COMPANION INFORMATION

FIRST & LAST NAME.....
(as appears on passport)

ADDRESS.....

CITY..... POSTAL CODE.....

PHONE: (HOME)..... PHONE: (WORK).....

EMAIL: (HOME) EMAIL: (WORK).....

DATE OF BIRTH:.....

Please enclose your deposit (CAD\$400) or balance payment cheque, plus insurance, made out to Christian Journeys.

IMPORTANT NOTE: Christian Journeys has partnered with third party suppliers to compose this program. None of the third parties, such as airlines, hotels and coach companies are employees of our company. If, for any reason beyond our control, we cannot supply a portion of the itinerary due to the actions of a third party, we will replace that component with comparable or superior services. Comprehensive Travel Insurance is strongly recommended and is made available to all passengers. Deposits are non-refundable.

I have read and understand the booking conditions of this tour. SIGNATURE:.....DATE:.....

CHRISTIAN JOURNEYS
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