

NATIVE AMERICAN QUESTS

JOURNEY BOOKING FORM 2013

Mr./ Ms Mrs/ Dr	First Name	Surname	Date of birth	Occupation	Nationality	Passport No	Expiry Date

BOOKING MADE BY:

NAME: _____

ADDRESS: _____

POSTCODE/ZIP: _____

PHONE CONTACT(S) _____

EMAIL ADDRESS _____

1st Choice trip _____

2nd Choice trip _____

Declaration: On behalf of all persons on this booking form, I have read, understood and accepted the booking conditions dated 1st Sept 2011, booking information dated 1st Sept 2011, and itinerary provided by *Native American Quests/Enchanted Journey Enterprises LLC*. I am duly authorized to make this agreement.

To the best of my knowledge, no person will be traveling against medical advice. I am over 18 years.

Signed:

Name (print):

Date:

If submitting this form by email attachment please also put the wording of the above declaration in the body of the email to us.

PAYMENT

A deposit of \$750 payable for every tour member. Full payment is required if within 90 days of the trip. We accept major credit cards, US checks, international/money orders or PayPal.

- I enclose a USD check for _____ This is my journey deposit/part payment/full payment. (Checks are payable to **Enchanted Journey Enterprises LLC**.)
- I wish to pay by credit card
- I prefer to give card details by phone. The best number and time to reach me is:
- I would like to pay my deposit by pay pal

Please note that for MasterCard, Visa, Discover, or Amex payments of *final balances* there is a 3% surcharge on top of the quoted price of your journey as to cover the CC facility. We do not charge on payments of deposits only. The charge will apply if you are making your full payment by credit card at the time of booking.

I certify that this is my card and authorize you to charge \$ _____

This is my holiday deposit / part payment / full payment (please circle)

Card Type (i.e. Visa, MasterCard, Delta etc): _____

Card No:

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Expiry Date _____ Start date (if available) _____ Issue No (if available) _____

Security number _____ (3 numbers, usually found on the security strip where you sign the card))

Cardholders Name as shown on the card _____

NAME: _____

ADDRESS: _____

TOWN / CITY: _____ **COUNTY / STATE** _____

COUNTRY _____ **POSTCODE/ZIP:** _____

PHONE # _____

Cardholder's signature: _____

- Please automatically also take my balance from this card when due 90 days prior to departure.
- Please call me before charging my card for the balance of this journey
- I intend to make a bank transfer/electronic payment and will contact Native American Quests for bank details.

Additional information please:

Where did you hear of Native American Quests?

(Please circle)

Magazine : TV : Newspaper : Google Search : Yahoo Search : Referred by friend

Are any of the following important to you?

(Please circle for yes, leave blank for no)

- experiencing new cultures : experiencing new places : fair trade tourism : shopping
eco-tourism : photography : philosophy : wildlife conservation : powwows sustainable tourism
history : solitude and peace : arts or music : meeting interesting people : lively discourse : family/kid's activities
transformational experiences : indigenous languages : physical activities : experiencing tribal celebrations