Phala Phala FM – Israel Tour 2017

**Passenger names as they appear in your passport / ID document**

**R100 charge for changes due to incorrect spelling before air tickets are issued. After, no changes permitted.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** | **Surname** | **First name** | **ID number** | **Share (yes/no)** | **Share with** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Passenger contact details**

|  |  |
| --- | --- |
| **Telephone number (w):** |  |
| **Fax number:** |  |
| **Mobile number:** |  |
| **Emergency contact name and number:** |  |
| **Address:** |  |
|  |
|  |
| **Postal code**: |  |
| **Email address:** |  |
| **Medical or meal request** |  |
| **T-Shirt size** |  |
| **Will you be travelling with the bus to the airport and from which departure point**  **Thouyandou /Louis Trichardt /Polokwane** |  |

Park Travel terms and conditions apply (available on request)

Bookings is subject to availability and prices may increase due to currency fluctuations

**Please be well aware that we will have two set departure dares this year.**

**Please underline your choice**

**Israel Tour 2 - 11 Oct 2017**

**Israel Tour 3 – 12 Oct 2017**

**@ R36700.00pp sharing**

**@ R44305.00 sgl rate**

**A non- refundable deposit of R5500 per person is required at the time of making a reservation or before 1 Feb 2017.**

**A further deposit of R5500pp by 31 Mar and R5500pp by 31 May and R5500pp by 01 Jul and final payment by 31 Aug 2016.**

**PLEASE NOTE:**

**PASSPORTS SHOULD BE VALID UNTIL APR 2018.**

# Park Travel Banking details

**Please fax the deposit slip or EFT to (016) 981 5902, or email to** [**tshidi@parkvaal.co.za**](mailto:tshidi@parkvaal.co.za)**; adele@parkvaal.co.za**

ABSA BANK, VANDERBIJLPARK BRANCH

0530 610 853 – Account number

630 237– Branch code

**Park Travel Agent details**

Adele Meyer T: +27 (0) 16 931 1720/1 F: +27 (0) 16 981 5902

Email: [tshidi@parkvaal.co.za](mailto:tshidi@parkvaal.co.za); adele@parkvaal.co.za

**I, (Name of signatory in block letters)**

have read, understood and accepted the above and agree to terms and conditions. I am duly authorised to sign on behalf of the people listed above.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**      /     /2017

PLEASE ATTACHE COPIES OF PASSPORTS WITH BOOKING FORM

Thank you