

BOOKING FORM

(Direct Client)

A division of China Star Holiday (Canada) Ltd. BC Mixed Travel Agent/ Wholesaler License No. 25483

To: Asia Sky Holidays Attn: Booking Agent	•		Date (y/m/d):	
Contact Information				
Contact Name:				
Mailing Address:				
City:	Province:		Postal Code:	
Phone No:				
Email:				
Your Information (as ap	pears as on passport			
Last Name:	/ First Name	Middle Name	Name for Badg	e
1)	/		/	□MR □MRS□MS
2)	/		/	☐MR ☐MRS☐MS
3)	/			□MR □MRS□MS
4)	/		/	□MR □MRS□MS
Tour Code:	Departure	Date:	Gateway:	
Package Type: Brochure Full Package (Land and Air) Brochure Land Only Land Package				
Apply Chinese Visa through Asia Sky Holidays:				
Purchase Travel Insurance Through Asia Sky Holidays:				
If <u>Yes</u> , Type of Insurance: Trip Cancellation & Interruption Emergency and Medical Both				
Form of Payment:				
Special Notes: (Information of Senior discount, Food Allergy, Child age, Flights, etc)				
Remarks:				
1) Booking : Please fax us pass ₁	port copy (page 2 and 3), b	oooking form, and credit ca	ard authorization form	for booking.

Please FAX To 604-821-1682 or E-mail for Booking

2) **Deposit**: Non-refundable CAD\$500.00 per person is required for reservations within 7 days from the time of booking. 3) **Final Payment**: Balance of tour price shall be made in full 45 days prior to departure. Tour price for a booking made

For all Terms and Conditions, please refer to our Asia Sky Holidays brochure

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accepted within 45 days of departure is payable in full at the time of booking.