



TOUR RESERVATION FORM

1. PERSONAL INFORMATION

Full Name: _____

Date of Birth: _____

ID / Passport Number: _____ * send copy of passport with this form to
info@danieltours.com and cc: nesrin@danieltours.com

Phone: _____

E-mail: _____

2. TOUR DETAILS

Tour Name: _____

Tour Date: _____

Number of Participants: _____

3. ACCOMMODATION PREFERENCE

- SGL (Single) – Single room
- DBL Twin – Twin beds
- DBL French – One double bed
- TRPL (Triple) – Triple room

4. ROOM SHARING DETAILS

Roommate Full Name: _____

5. SPECIAL REQUESTS / NOTES

6. EMERGENCY CONTACT

Full Name: _____

Phone: _____

7. PAYMENT INFORMATION

Payment Method:

Credit Card (Visa / MasterCard)

Bank Transfer

Payment Date: _____

8. DECLARATION

I hereby declare that the above information is correct and I accept the tour conditions.

Signature: _____

Date: _____

PLEASE RETURN THIS FORM WITH A COPY OF YOUR PASSPORT

TO: info@danieltours.com and CC: nesrin@danieltours.com

BEFORE APRIL 30