

Name _____
Contact Number _____
Email Address _____
Nationality _____
Dietary Requirements/Special needs _____
Name of Tour **Italy Breakaway**
Date of Tour **23/06/10 – 27/06/10**

Room Configuration: Twin Double

Passport Number: _____

Proposal: **Proposal 1 (R7900.00)** **Proposal 2 (R9900.00)**

If paying by credit card, please complete the below information:

I, _____ Passport Number: _____

Hereby authorise, Highline Tours and Travel to debit my Credit Card with the amount (in Words):

Please note a 3.5% Admin Fee will be charged on top of your total credit card amount to cover the additional bank charges.

Please debit my card for the sum of ZAR: _____

Please tick applicable: Visa Card Master Card American Express

Name on Card: _____

Card Number: _____

Last 3 digits & Expiry Date: _____

Signature & Date _____

Terms & Conditions

- Clients to apply and pay for Schengen visa.
- NO airport taxes included in fare – taxes are R350.00 per person and can be paid with final payment .
- No transfer to and from OR Tambo airport included.
- Clients to arrange own medical and travel insurance.
- A 3.5% administration fee will be charged on credit card payments.
- We require a 50% deposit on confirmation and final payment 3 weeks (21 days) prior to departure.
- Travel documents will be issued 3 weeks prior to departure.
- In the unlikely event of Highline having to cancel the tour, clients will receive a full refund of amount paid over to Highline.
- Please refer to our terms and conditions with regards to a client cancelling.
- No courier cost are included in the price.

Tel: +27 12 667 3656

Fax: +27 12 667 4991

24 Hour Emergency Number : +27 71 678 1908

Email: tourop7@highline.co.za

www.highline.co.za