



Axar Travel Services | 375 Rockbridge Rd NW | Suite 176 | Lilburn GA 30047
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(Kindly fill in one booking form per tour, per family)

Tour Name: _____ **Tour Date:** ____/____/____

Kindly book & confirm my seat for the above tour on a definite basis per the details given below. I am enclosing USD \$ _____ as a NON-REFUNDABLE BOOKING DEPOSIT for the same.

Title	Last Name	First Name	Date of Birth	Passport No.	Date of Issue	Date of Expiration	Meal	Room Type	Tour Cost

Room type: **DBL** – 1 king or Queen Size bed | **Twin** – 2 separate bed | **SNGL** – 1 single bed

Address: _____

Tel no: _____ Cell no: _____ Fax no: _____ Email: _____

Travel Insurance Required: Yes or No (please circle)

Payment Details

Check: \$ _____ (Payable to "Axar Travel Services")

Credit Card: \$ _____ (4% additional charge)

Name as it appears on Credit Card: _____

Credit Card No: _____

Expiration: ____/____

For Credit Card payment an Authorization form must be filled

Sign and fax to 888-822-9279

I have read and understood the terms & Condition printed overleaf and accepts Axar Travel Services on behalf of the person/s listed above, where applicable, I authorized Axar Travel Services to make this booking on my behalf and authorized then to deal with my deposit and payments in accordance with terms & condition stated overleaf and agree to abide by them.

Signature: _____

Date: ____/____/____

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