



BOOKING #:

ATTN: AYESHA COLQUHOUN EMAIL: Ayesha@goway.com

FAX: 1-800-665-4432

## **Client Booking Form**

Tour Name:	Tour Dates:	
Client Name:(as i	t	Gender: M F
(as i	t appears on your passport)	
	Issued on:	Expiry Date:
Nationality:	Date	e of Birth:(DD/MM/YY)
Companion Name:		(DD/MM/YY)
	medical insurance : Yes	No, I already have insurance.
PAYMENT SECTION: I, the undersigned (print name) Goway Travel Ltd. to charge my		am the card holder and I authorize
Amount:		Deposit Balance
Credit Card Number:		
Expiry Date (MM/YY):		CVV:
Signature:		
Billing Address:		
Address:		
City:	Province:	Postal Code:
Home Phone:	Mobile Phone:_	
Email:		
	us on Photography Tours news a adhere to the strict Canadian privacy law	

After filling out this form, please print, sign, then scan and email it to info@focusonphototours.com. Thank you!

