

## **Booking Form**

Ta	Name				Taur dat	2:				
Tour Name:					Tour date: Email:					
Name:										
Phone:					Cell phone:					
Address:					City:					
State:					Zip code:					
-					- DI					
Emergency Contact details:					Phone:					
Name:					Email:					
Passe	engers Informa	ation (as it a	ppears on your pass	port)	V					
Title	First name	Middle	Last name	D.O	).B	Meal	Citizenship	Passport	Price	
		name		MN	//DD/YY			number	USD \$	
Mr.				20					8	
		188.47		US.				8	8	
Mrs.										
Miss		7,600							8	
		00.00		.7.0				00		
Mstr										
	Total									
						Grand Total				
orana rotal										
Room type: DBL = One king or Queen Size bed										
Twin = Two separate bed										
			Queen Size an							
	75		bed (single sup	((5)	nt applies	s)				
Please note: Max three people allowed in one room										
Please check on the box below that you read & understand and accept the T&C										
Declaration & Payments:										
Full payment is required within 6 weeks prior to departure, 40% deposit is require at the time of booking to hold										
your	space on the to	our. I enclo	sed a non-refu	ndable	deposit o	of \$	towards th	ne cost of the	tour	
pay by cash or check payable to										
Sruhadam LLC and mail it to 2350 Rt 10 unit E9 Morris Plains, New Jersey 07950										
Signa	ture:									
Date:	(MM/DD/YY)									

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