

This booking form is the sole contract between Amour Getaways and yourself. Amour Getaways undertakes to provide the services that are
detailed as per the attached invoice and you hereby agree to our standard terms and conditions. Your signature also means that you are duly
authorized to act on behalf of and bind the other people whose names appear on this booking form. If you do not have this authority, they
need to complete their own booking form.

ATTENTION:

NOTE: Your airfare is subject to increase prior to the time you make full payment. However, the price is not subject to increase after the full payment on your air portion has been made. We strongly suggest that you pay your air portion as your deposit to avoid any increases. By signing this document, you expressly acknowledge your acceptance of this condition on your purchase.

NAMES OF PASSANGER	S TRAVELLING <i>MUST</i> BE AS THEY AP	PPEAR IN YOU	R PASSPORT.	
Passport Number	Last Name	First	ame & Middle Initial	DOB (mm/dd/yyyy)
PASSPORT	MUST HAVE CORRECT NUMBER OF B	LANK VISA PA	GESOR BOARDING W	LL BE DENIED!!
If you would like to pay by c	redit card, please complete the following.			
This authorizes Amour Get	aways to debit the following credit card(s)	for travel arrang	ements for the people who	se names are listed above.
Address				
Telephone	Home		Cell	
	Work		Email	
I, the undersigned, authoriz	e for the invoiced amount to be debited to	the above credi	t card by Amour Getaways	(or agents on their behalf) for
mv/our travel arrangements	<u>).</u>			
Please note: There might	be a 4% exchange difference between the	e total charged c	on the credit card and the ir	voiced amount for US clients
due to fluctuation of the exc	change rate. The difference up to 4% will	not be refunded	. (Some credit card compared	anies and banks charge 3-
4% foreign transaction fee/	foreign exchange fee. Check with your ba	ink). Also note s	ome of the air tickets or sp	ecial packages are 100%
non-refundable and that yo	ur deposit may be subject to penalties.			
We recommend 'trip can	cellation' insurance.			
I have been offered trip car	cellation insurance per person which I ha	ve chosen to:		
Accept	(XXXX) Decline* ()*If I choose to decline, I will sign a waiver.			
I accept that I have checke	d that all of the travel arrangements are co	orrect.		
Name of Signatory (Print)			Date	
INALLE OF SIGNALOFY (FILL)			Dale	
l.	have read, un	derstood and ac	cepted the Amour Getawa	vs Terms and Conditions
Signature				,
and am duly authorized to s	sign on behalf of the people listed above.			
-				

