



Tel: +27 11 913 2442 Fax: 086 694 2475 E-mail: upmarket@jbtours.co.za Web: www.jbtours.co.za/upmarket

BOOKI	NG FORM FOR <u>TRAIN TOL</u>	<u>JR PACKAGES</u>	
PLEASE WRITE WITH A BLACK PE	N AND IN BOLD LETTERS - Please	e complete in full - One	e form per person/couple
FAX TO: 086 694 2475	Attention: JB Train Tours		Agent: HO
	BOOKING FORM: BLUE TR	RAIN	
Tour name: Blue Train 4-day package	e, CPT/PTA/CPT Tour code:	Tour date:	
Name & Surname (as ID/Passport) M	lr/Mrs:		· · · · · · · · · · · · · · · · · · ·
ID/Passport No:		(please a	ttach copy of ID/passport)
Tel No: (Code)	(W) (Code)		(H)
Cell No:	Fax No: (Code)	· · · · · · · · · · · · · · · · · · ·
E-mail address:		· · · · · · · · · · · · · · · · · · ·	(NB!)
Postal address:		· · · · · · · · · · · · · · · · · · ·	Code:
De Luxe suite/ Luxury Suite (please	encircle choice)		
<u>Double bed/twin beds</u> (please encircle choice) Note : Double beds subject to availability			
Bath/shower (encircle choice) Note: Baths subject to availability			
Away from/close to the Smokers Cl	ub car (encircle choice) - Note: This	can only be requested I	out not guaranteed
Do you/your partner (if applicable) l	nave any special dietary requireme	ents? If yes, please note	e
Will you/your partner celebrate a sp	ecial occasion on the train? If yes,	, please mention & give	date
Do you prefer the 1st or 2nd sitting o	n the train? (encircle choice) Note:	This can only be reques	ted but not guaranteed
Will you be making use of the free p	parking at the Fountains Hotel, CP	T while you are on tou	r?
If yes to question above, please pro	vide your vehicle reg. no. so we c	an provide it to the ho	tel:
Will you make use of the transfer se	ervice from the Cape Town Airport	back to the Fountains	Hotel?
I'd like to share my suite with: (Nam	ne & Surname)		
Please arrange a single/return (enci			(home
address) to Cape Town station at an			(nome
I would prefer to fly back in the mor	rning/afternoon (encircle choice) - s	subject to availability	
Attached the bank deposit slip of R	per person/co	uple (please encircle)	
Indemnity: I have read the JB Trai request). I understand and accept t inconvenience, cancellations or delaguaranteed once the deposit proof of	hat the booking agent will not be ays that may occur. My payment	held liable for any los is non-refundable. A r	ses of any kind, injuries, eservation only becomes
Signature:	Date:	 	
Next of kin Name: (for emergencies):	Tel No:	(Code)	_ Cell No:
Banking details: Account Name: JB Tours, Bank: ABS SWIFT code (for international booking Please attach the bank deposit slip &	gs): ABSA JJ ZA.		Account: Cheque, (JM 21.11.12)

Head Office

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