



Leisure For Pleasure Holidays & Tours Ltd.

9 Linstar Close, Kingston 19. Suite # 2. Kingston 10. Jamaica W.I.

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Web Site: www.leisurejamaica.com; [Twitter.com/leisurejamaica](https://twitter.com/leisurejamaica)

ENROLMENT FORM

Please register me for: (tick your option(s))

____ Caribbean Cruise _____ 1/3/5/7/9/14 Day Island Tours _____
____ Hotel/Villa Rental (where) _____ Fun Day/Weekend Getaway _____
____ Cruise (specify) _____ Overseas Tour (Specify): _____
____ Local Tour: (specify) _____ Retreat/Conference: _____
____ Other: (specify) _____
Year: _____ Date: _____ Travel Period: _____

Are you a member of any Association YES NO If yes, please specify _____

Re: Travel Insurance: Are you over 70 yrs () Yes () No TRN # _____

Name of Beneficiary _____ Relationship of Beneficiary _____

Tel # _____ (Cell) _____ Address: _____

I wish to pay by Cash – JA\$/US\$ _____ Cheque – JA\$/US\$ _____ I am enclosing the deposit of \$ _____ per person
Bank _____ Branch _____ Cheque # _____

BANKING DETAILS & PAYMENT INFORMATION: Payments are to be made at any branch of Bank of Nova Scotia to the account of Leisure for Pleasure Holidays & Tours - Bank of Nova Scotia Hagley Park. J\$ Current Account #: 25 – 18 OR US\$ Savings Account #: 801986. Copy of payment and Enrolment Form are to be faxed to: Fax #: 969 8918 or sent by mail to us after payment has been made.

Rooming Preference: (tick your option)

Single room Double occupancy room Triple occupancy room Quad occupancy room

FOR CRUISES - CABIN TYPE (Tick Option) Inside Cabin Ocean View Cabin Ocean View Cabin with Balcony Suite

Do you have a Birthday/Anniversary during the cruise/tour YES NO If yes, Kindly specify event and date _____

LAST NAME : _____ FIRST NAME _____ MIDDLE _____

TITLE: Dr. ___ Rev. ___ Mr. ___ Mrs. ___ Miss ___ MALE ___ FEMALE ___

ADDRESS: _____

TELEPHONE #: _____ (H) _____ (C) _____

EMAIL: _____ (H) _____ (W) _____

NEXT OF KIN: NAME: _____ RELATIONSHIP: _____

TELEPHONE: _____ DAY TIME _____ NIGHT TIME _____ CELL _____

ADDRESS: _____

ROOM MATE'S NAME: Last Name _____ First Name: _____ Middle _____

(as written in passport)

TITLE: Dr. ___ Rev. ___ Mr. ___ Mrs. ___ Miss ___ MALE ___ FEMALE ___

ADDRESS: _____

TELEPHONE # _____ (H) _____ (W) _____ Cell _____

Passport Information

Passport Type _____ Pass. No. _____ Pass. Type _____ Pass. No. _____

Place of Issue (City) _____ Place of Issue (City) _____

Date of Issue _____ Date of Exp. _____ Date of Issue _____ Date of Exp. _____

Birth Date _____ Place (City) of Birth _____ Birth Date _____ Place (City) of Birth _____

Room Mate's Information

I have read the General Information attached and understand and agree with all terms and conditions as outlined.

Signed: _____

Date: _____