

Leisure For Pleasure Holidays & Tours Ltd.
9 Linstar Close, Kingston 19. Suite # 2. Kingston 10. Jamaica W.I.
Tel: (876) 924 7027; 924 7330; Fax (876) 969 8918; Cell: 876) 822 6186/596 3777
E-mail: leisureholidaysja@gmail.com; vacation@leisurejamaica.com
Web Site: www.leisurejamaica.com

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 the Returning Residents Association YES NO If yes, which chapter _____

Re: Travel Insurance: Are you over 70 yrs () Yes () No Name of Beneficiary _____

Relationship of Beneficiary _____ Tel # _____ 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
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 _____

NAME (as written in passport): _____

(as written in passport)

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

ADDRESS: _____

TELEPHONE #: _____ (H) _____ (W) _____

EMAIL: _____ (H) _____ (w) _____

NEXT OF KIN: NAME: _____ RELATIONSHIP: _____ TELEPHONE: _____ H/W/C

ADDRESS: _____

ROOM MATE'S NAME: _____

(as written in passport)

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

ADDRESS: _____

TELEPHONE # _____ (H) _____ (W) _____ EMAIL

Passport Information

Passport Type _____ Pass. No. _____
 Place of Issue (City) _____
 Date of Issue _____ Date of Exp. _____
 Birth Date _____ Place (City) of Birth _____

Room Mate's Information

Pass. Type _____ Pass. No. _____
 Place of Issue (City) _____
 Date of Issue _____ Date of Exp. _____
 Birth Date _____ Place (City) of Birth _____

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

Signed: _____ Date: _____