



**I would prefer my accommodation to be :**

Shared Accommodation Single Bed

Shared Accommodation Double Bed

Private Single Supplement Accommodation

**If more than one accommodation preference is required, state name and preference**

Name

Accommodation Preference

**Dietary Preferences (state name and any preferences if more than one person)**

Name

Dietary Preference

**Please state any special needs, medical, physical or health concerns we need to know about**

**Where did you hear about us?**

**I/We will be paying by :**

Credit Card/Paypal

Direct Money Wire Transfer

Deposit

Bank to Bank

**Please email a copy of your Passport and your arrival and departure flight details (when confirmed) to [julie@diamonlightworld.com](mailto:julie@diamonlightworld.com)**

**We will be sending you an invoice for your 50% deposit payment to secure your/this booking along with payment details**

Thank you for joining this amazing journey with us!