



BOOKING FORM

TOUR NAME _____ DEPARTURE DATE ____ / ____ / ____

FIRST PASSENGER

Title: _____ Surname (as shown on passport): _____

First Name (as shown on passport): _____ Preferred First Name: _____

Sex: MALE/FEMALE If sharing what is your room preference? TWIN/DOUBLE

Would you like us to be aware of a possible twin share on your behalf? YES/NO

(Please note that the Single Supplement will be payable if we are unable to assist with a suitable twin share partner)

Do you have any dietary requirements: _____

Please state passport nationality: _____

Passport Number: _____ Date of Issue: ____ / ____ / ____ Date of Expiry: ____ / ____ / ____

Date of Birth: ____ / ____ / ____ Place of Issue: _____ Occupation: _____

SECOND PASSENGER

Title: _____ Surname (as shown on passport): _____

First Name (as shown on passport): _____ Preferred First Name: _____

Sex: MALE/FEMALE If sharing what is your room preference? TWIN/DOUBLE

Do you require Single Supplement? YES/NO

Do you have any dietary requirements: _____

Please state passport nationality: _____

Passport Number: _____ Date of Issue: ____ / ____ / ____ Date of Expiry: ____ / ____ / ____

Date of Birth: ____ / ____ / ____ Place of Issue: _____ Occupation: _____

PASSENGERS CONTACT DETAILS

Street Address: _____

Suburb/Town: _____ State: _____ Postcode: _____

Postal Address (if different from above): _____

Suburb/Town: _____ State: _____ Postcode: _____

Home Phone: _____ Work: _____ Fax: _____

Mobile: _____ Email: _____

EMERGENCY CONTACT (person to contact should there be an emergency overseas)

Complete Name: _____ Relationship: _____

Street Address: _____

Suburb/Town: _____ State: _____ Postcode: _____

Home Phone: _____ Work: _____ Fax: _____

Mobile: _____ Email: _____

PLEASE TURN OVER

