

BOOKING FORM

Tour Name _____ Departure Date ____ / ____ / ____

Personal Details

Title _____ First & Middle Names _____ Surname _____
Known as/ Preferred Name _____ Date of Birth ____ / ____ / ____
Home Address _____
Suburb _____ State _____ Postcode _____
Home Phone () _____ Work Phone () _____ Mobile _____
Email Address _____

Frequent Flyer Details

Frequent Flyer Membership Airline _____ Membership No _____
Frequent Flyer Membership Airline _____ Membership No _____
Other Loyalty Program (eg. Avis, please specify) _____ Membership No _____

Passport Details

Passport Number _____ Issue Date ____ / ____ / ____ Expiry Date ____ / ____ / ____
Date of Birth ____ / ____ / ____ Place of Birth _____
Nationality _____ Place of Issue _____
Copy of passport provided to Travel and Tour Hunters? YES NO

Medical / Dietary Requirements

Special Dietary Requirements _____
Any medical conditions or physical limitations _____

Travel Insurance

Travel Insurance required? YES NO If NO, has a waiver been signed? YES NO
Travel Insurance Provider _____ Policy Number _____

Personal Preferences

Bedding: Twin Share Single Double
If we are matching you with another twin share passenger, please answer the following honestly as these will assist in matching you with an appropriate room-mate:
Are you a smoker? YES NO Do you snore? YES NO
Are you a light sleeper? YES NO Are you a night owl? YES NO
Do you have any habits that would be a concern for your room-mate? _____
Special interests (eg. golf, quilting etc.): _____
What countries would you like to visit next? _____

Emergency Contact Information

Name _____ Relationship to you _____
Contact Phone 1 () _____ Contact Phone 2 () _____ Email _____

Do you wish to be included on the Travel and Tour Hunters mailing list to receive information on future offers? YES NO

I agree that my booking is subject to Travel and Tour Hunters booking conditions, which I have read and fully understand.

Signature: _____ Date: ____ / ____ / ____