



Tour Registration Form

Tour Name _____

Full Names as per passport _____

Address & Phone Number _____

Email Address _____

Passport Type
(e.g. Australian or NZ) _____

Photocopy of the the photo page of your passport. Enclosed (✓)

Preference for sleeping (✓) Don't mind Dble or Twin Double Twin

Your Date of Birth _____

Flights: Any special meals/seating, etc. _____

Please state the name you like to be called
if different from above (e.g. Bill, Liz, etc.) _____

Health - Please list any serious medical condition
that you presently have or are under treatment for _____

Please list the places you have previously
visited on this tour _____

Do you have full mobility? _____

Please forward further information on: _____

I have read and am aware of the booking
conditions _____
Please sign _____ Date ____/____/____