

Please complete this form and return it to Stonestreeets Travel. Final documents cannot be issued until a completed booking form is received.

TOUR NAME: _____ ROOM TYPE: Double Twin Single

A photocopy of your Passport (International Tours) or Drivers Licence (Australian Tours) is required with all bookings.

I have attached a copy of my: Passport Drivers Licence Have you travelled with us before? Yes No

Tour Booking Type

Inclusive **Land Only**
(With Flights Included) (No Flights)

Passenger One

Please all details exactly as on Passport or Drivers Licence

Surname: _____

Given Names: _____

Known as: _____

Home Address: _____

_____ PostCode: _____

Postal Address if different from above: _____

_____ PostCode: _____

Mobile: _____ Home: _____

Email: _____

Deposit amount enclosed: \$ _____

Single supplement: **Y** **N** \$ _____

Flight Details (if applicable)

Departure Airport: _____

Passport **OR** Drivers Licence details are necessary with all tour bookings

Date of birth: _____ Gender: **M** **F**

Nationality: _____

Passport No: _____ **OR** Licence No: _____

Issue date: _____ Expiry date: _____

Place of issue: _____

Travel Insurance

Insurance company: _____

Policy number: _____

Special considerations

Meal requirements (ie allergy): _____

Seat Request (flights - at Airlines Discretion): _____

Mobility restrictions: _____

Govt. Pension/ Senior Card No: _____

Medicare Card No: _____

Private Health Cover: _____

Emergency contact in Australia (next of kin)

Name: _____

Relationship: _____

Mobile Ph: _____

Home Ph: _____

Doctor Name: _____

Doctor Ph No: _____

Medical Details - Passenger One

The details provided by you on this form will be treated as strictly confidential and will only be used for your well being or should an emergency situation arise. The PRIVACY ACT gives you the right to refuse to fill in all or some details on this form. It is up to you whether you wish to disclose your personal details or not.

Please inform us of any mobility restrictions you may have such as walking or stairs etc. For medical conditions and mobility issues, please note that if special assistance is required, a carer/support person should accompany you for the entire tour.

Existing Medical Conditions: _____
(only if we should be aware of)

Current Prescribed Medications: _____
(only if we should be aware of)

Medical Allergies: _____

Declaration:

/ we have read, understood and agreed to the booking conditions as outlined on the attached sheet.

/ we are physically able to partake in this tour unaided or have a carer/support person accompanying me / us.

Passenger 1 Name: _____ Signature: _____ Date: _____

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Tour Booking Type	
Inclusive (With Flights Included)	Land Only (No Flights)

Passenger Two

Please all details exactly as on Passport or Drivers Licence

Surname: _____
 Given Names: _____
 Known as: _____
 Home Address: _____
 _____ PostCode: _____
 Postal Address if different from above: _____
 _____ PostCode: _____
 Mobile: _____ Home: _____
 Email: _____
 Deposit amount enclosed: \$ _____
 Single supplement: **Y** **N** \$ _____

Flight Details (if applicable)

Departure Airport: _____
 Passport **OR** Drivers Licence details are necessary with all tour bookings
 Date of birth: _____ Gender: **M** **F**
 Nationality: _____
 Passport No: _____ **OR** Licence No: _____
 Issue date: _____ Expiry date: _____
 Place of issue: _____

Travel Insurance

Insurance company: _____
 Policy number: _____

Special considerations

Meal requirements (ie allergy): _____

 Seat Request (flights - at Airlines Discretion): _____
 Mobility restrictions: _____
 Govt. Pension/ Senior Card No: _____
 Medicare Card No: _____
 Private Health Cover: _____

Emergency contact in Australia (next of kin)

Name: _____
 Relationship: _____
 Mobile Ph: _____
 Home Ph: _____
 Doctor Name: _____
 Doctor Ph No: _____

Medical Details - Passenger Two

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 (only if we should be aware of):

Medical Allergies:

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 / we are physically able to partake in this tour unaided or have a carer/support person accompanying me / us.

Passenger 1 Name: _____ Signature: _____ Date: _____