

BOOKING FORM

TOURS & CRUISES



Please make sure you have completed this form in full **including your signature** then return it together with your deposit or full payment (if applicable) to: **Adventure Associates: PO Box 246, Blackheath NSW 2785** or EMAIL scanned copy to: **mail@adventureassociates.com**

1

Full Name:

Address:

Phone: B H M

Email:

Signature*: Date:

*I have read the **TERMS AND CONDITIONS*** and the general information relevant to this booking and agree to be bound thereby. Please ensure that you have thoroughly read and understood the deposit and cancellation policies pertaining to your chosen trip. These can vary according to the tour or shipping company involved. *Contact us for Terms & Conditions if you do not have a copy.

To protect against unforeseen circumstances **TRAVEL INSURANCE** is highly recommended – **Travel insurance is mandatory on all polar cruises.**

2

Please reserve the following guest/s on:

Tour/Cruise name: Date:

Vessel name: Cabin/Room type:

Twin share Double Single Triple Quad Travelling alone & wish to share a room (not applicable to suites on cruises)

3

	GUEST 1	GUEST 2	GUEST 3	GUEST 4
Title (Mr, Mrs etc)				
Surname				
First name				
Date of Birth				
Nationality				
Passport No.				
Date of issue				
Expiry date				

Names must be exactly as shown on passport. Should you not have a current passport please advise details once obtained. Use **BLOCK** letters.

4

Please complete if you wish us to make connecting air and/or accommodation arrangements for you.

From which city do you wish us to ticket and arrange connecting flights? SYD MEL BNE ADL PER HBA

OTHER Specify: Other accommodation or extension tours

..... Please forward information on **Travel Insurance** options

5

Payment IMPORTANT: Payment by credit card is accepted for Deposits Only for Direct Bookings.

Amount USD\$..... OR AUD\$ Deposit Full Payment

I wish to pay by: Direct or Telegraphic Transfer (Contact us for our account details and advise us when payment has been lodged)

Credit card Visa Mastercard Security ID: (The last 3 digits on the back of your credit card)

Credit Card Number: Expiry date:

Cardholder's Name: Signature: