



BOOKING FORM: PROUD MARY RIVER CRUISE

TOUR DATES: 3RD to 9TH APRIL, 2022

*Please complete one booking form per household.

PASSENGER 1.

TITLE:: _____ FULL NAME: : _____

PREFERRED NAME: _____ DATE OF BIRTH: _____

PASSENGER 2.

TITLE:: _____ FULL NAME: : _____

PREFERRED NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

POSTCODE: _____

PH: HOME: _____ MOBILE/s: _____

EMAIL: _____

SINGLE ROOM: TWIN SHARE ROOM (2 beds):with _____ DOUBLE ROOM

ANY SPECIAL EVENTS? (anniversaries etc) _____ DATE: _____

FREQUENT FLYER DETAILS: AIRLINE: _____ VIRGIN VELOCITY _____ NO: _____

SEAT REQUEST FOR FLIGHTS: AISLE WINDOW (seating is a request only and not guaranteed)

DO YOU HAVE A MEDICALLY DIAGNOSED FOOD ALLERGY:

PASSENGER 1. NO YES – please circle/add specific details

Celiac-Gluten free diet Vegetarian diet Lactose Allergy – Lactose free diet

Peanut / Nut Allergy Vegan diet Fructose Allergy – Fructose free diet

Shellfish Allergy Egg Allergy Anaphylaxis (to what allergy): _____

Other Medically diagnosed dietary conditions _____

PASSENGER 2. NO YES – please circle/add specific details

Celiac-Gluten free diet Vegetarian diet Lactose Allergy – Lactose free diet

Peanut / Nut Allergy Vegan diet Fructose Allergy – Fructose free diet

Shellfish Allergy Egg Allergy Anaphylaxis (to what allergy): _____

Other Medically diagnosed dietary conditions _____

ANY PRE-EXISTING MEDICAL CONDITIONS? YES / NO If yes, please contact our office for further information.

IN CASE OF EMERGENCY PLEASE CONTACT:

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____

POSTCODE: _____ HOME PH NO: _____
MOBILE: _____ _EMAIL: _____

PAYMENT METHODS

Should you like to pay by **CHEQUE**, please make it out to GIPPSLAND TRAVEL CENTRE.

CREDIT CARDS

A surcharge for credit cards and debit cards will apply. Fee advised on application.

TYPE OF CARD: ie. Visa/Mastercard/Amex/Diners..... Debit/Credit:.....

CREDIT CARD DETAILS: NAME ON CARD: _____

CARD NUMBER _____ EXPIRY DATE: _____

CARDHOLDER SIGNATURE: _____ CCV: _____

DIRECT BANK DEPOSIT – Account details are:

Bank: CBA Warragul. BSB: 063 532.
Account No: 1045 4100.
Account Name: Gippsland Travel Centre Pty Ltd Trust Account
Reference: (Your Surname)

PAYMENT DETAILS

DEPOSIT \$500 per person to secure your place on the tour
BALANCE OF PAYMENT Due by Friday, 28 January. 2022

Covid Refund Policy: Once full payment has been made and the tour cannot operate due to State border closures due to COVID-19 restrictions, any funds paid will be transferred to the rescheduled tour.

I have read, understand and agree with the Gippsland Travel Terms and Conditions, as stated on the 2022 Proud Mary River Cruise itinerary.

SIGNATURE _____ **DATE** _____

TRAVEL INSURANCE

Gippsland Travel requires all participants to obtain comprehensive travel insurance by the time of final payment. Please contact Gippsland Travel if you would like us to prepare a quote for you or require cover for any pre-existing medical conditions. We offer a comprehensive policy with a reputable insurer if required.

IDENTIFICATION

Photo identification is required for this tour, a government issued photo identification (drivers licence) is sufficient.

UNUSED PORTION OF THIS TOUR

We regret refunds will not be given for any unused portions of this tour, such as meals, entry fees, accommodation or transfers.

ITINERARY CHANGES

Occasionally circumstances beyond the control of Gippsland Travel make it necessary to change airlines, hotels or amendments to daily activities. We will inform you of any changes as soon as they occur.