

3/126 Albert Road, Warragul, Victoria 3820 Tel: **03-5623 5151** Fax: **03-5623 4952** Emergency: **+61 (0) 419 213 274**

NAMIBIA and BOTSWANA - 2 February to 25 February 2024

*Please complete one booking form per household.

PASSENGER 1.	1 loade domplete one boo	orani girani i par madaana.				
	· (ac nor necessart) ·					
	(as per passport):	- 5.0-5.1				
PREFERRED NAME:	DATE OF					
NATIONALITY:		OF BIRTH:				
PASSPORT NO:	PLACE (OF ISSUE:				
DATE OF ISSUE:	EXPIRY	DATE:				
PASSENGER 2.						
TITLE:: FULL NAME	: (as per passport) :					
PREFERRED NAME:	FERRED NAME: DATE OF BIRTH:					
NATIONALITY:	ALITY: PLACE OF BIRTH:					
PASSPORT NO:	PORT NO: PLACE OF ISSUE:					
DATE OF ISSUE:	DATE OF ISSUE: EXPIRY DATE:					
ADDRESS:						
		POSTCODE:				
DII. LIOME.	MODILE (David)					
PH: HOME:	MOBILE (Pax1)	(Pax2)				
EMAIL:						
SINGLE ROOM: TWIN S	HARE ROOM (2 beds):with	☐ DOUBLE ROOM				
ANY SPECIAL EVENTS? (anniv	· · ·	DATE:				
COVID19 VACCINATION PA	X 1: FULLY VACC? YES	NO PAX 2: FULLY VACC? YES NO				
DO YOU HAVE A FOOD ALLER	RGY:					
PASSENGER 1. NO YES – if yes, please tick/add specific details						
Coeliac-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 dietary conditions						
PASSENGER 2. NO YE	ES – please circle/add specific o	details				
Coeliac-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 dietary conditions						
		_				
ANY PRE-EXISTING MEDICAL CONDITIONS? NO YES If yes, please contact our office for further information						

FLIGHT UPGRADE REQUIRED:	BUSINESS	CLASS	☐ PREMIUM ECONOMY (i	if available)
FREQUENT FLYER DETAILS: AI	RLINE: QANTAS	<u>PAX 1</u> :	<u>PAX 2</u> :	
SEAT REQUEST FOR FLIGHTS:	AISLE or WINDOW	<u>PAX 1</u> :	PAX 2:	
TRAVEL INSURANCE DETAILS (if	known) INSUREI	R:		
POLICY NO:	_INSURAI	NCE EMERO	SENCY NO:	
IN CASE OF EMERGENCY PLEAS	E CONTACT:			
NAME:	RELATIONSHIP:			
ADDRESS:				
	POSTCODE:		HOME PH NO:	
MOBILE:	_EMAIL:			
•	e with credit card details Simply enter this TRAV Please quote t details are: 63 532. Centre Pty Ltd Trust Acc person – to secure pla ay, 11 October 2023 ee with the Gippsland T	s or link into your as Reference Account Reference	browser: (Google Chrome Recome: (Your Surname and/or Booking count No: 1045 4100. eference: Your Surname	,
TRAVEL INSURANCE				
Gippsland Travel requires all partice Please contact Gippsland Travel if y medical conditions. We offer a company of the compa	you would like us to pr	epare a quo	te for you or require cover for any	
PASSPORT and VISA A valid passport is required for all in entry permit. Some countries required Gippsland Travel will advise you of a	re a visa to be issued b	efore you de	part Australia.	require a re-
We regret refunds will not be given transfers.		s of this tour	, such as meals, entry fees, accor	nmodation or
ITINERARY CHANGES Occasionally circumstances beyond	the control of Gippsla	and Travel n	nake it necessary to change airlir	nes, hotels or

amendments to daily activities. We will inform you of any changes as soon as they occur.