



BOOKING FORM: KIMBERLEY ADVENTURE

TOUR DATES: 31st May to 16th June 2024

***Please complete one booking form per household.**

PASSENGER 1. TITLE: _____ FULL NAME: _____

PREFERRED NAME: _____ DATE OF BIRTH: _____

PHOTO ID: ie. Driver Licence/Passport: _____

DATE OF ISSUE: _____ EXPIRY DATE: _____

PASSENGER 2. TITLE::: _____ FULL NAME: : _____

PREFERRED NAME: _____ DATE OF BIRTH: _____

PHOTO ID: ie. Driver Licence/Passport: _____

DATE OF ISSUE: _____ EXPIRY DATE: _____

ADDRESS: _____

_____ POSTCODE: _____

PH: HOME: _____ MOBILE (Pax1) _____ (Pax2) _____

EMAIL: _____

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

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

FLIGHT UPGRADE REQUIRED BUSINESS CLASS

FREQUENT FLYER DETAILS: AIRLINE: _____ PAX 1: _____ PAX 2: _____

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

COVID19 VACCINATION PAX 1: FULLY VACC? YES NO PAX 2: FULLY VACC? YES NO

DO YOU HAVE A FOOD ALLERGY:

PASSENGER 1. NO YES – please circle/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 YES – please circle/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 _____

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: Contact the office with credit card details or online with secure TRAVELPAY. Simply enter this link into your browser: (Google Chrome Recommended) <https://pay.travelpay.com.au/GIPPSTRAV> Please quote as Reference: (Your Surname and/or Booking Number)

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

Full deposit	Due by 12 June 2023 to secure a place on tour	\$3000 per person
Second Payment	Due by Monday 4 December 2023	\$4000 per person
Balance of Payment	Due by Wednesday 17 January 2024	
Information Night:	Wednesday 17 January 2024	

I have read, understand, and agree with the Gippsland Travel Terms and Conditions, as stated on the 2024 Kimberley Adventure tour itinerary.

SIGNATURE _____

DATE _____

COVID POLICY

If the tour cannot operate due to COVID-19 travel restrictions, the tour will be rescheduled and any funds paid will be transferred to the new tour date.

Gippsland Travel recommends you are fully vaccinated prior to travel.

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.

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.