

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

Booking Form SOUTHERN SPAIN & MAGICAL MOROCCO

9th April to 30th April 2024

*Please complete one booking form per household.

PASSENGER 1.				
TITLE::	FULL NAME: :			
PREFERRED NAME:		DATE OF BIRTH:		
NATIONALITY:		PLACE OF BIRTH:		
PASSPORT NO:		PLACE OF ISSUE:		
DATE OF ISSUE:		EXPIRY DATE:		
PASSENGER 2.				
TITLE::	FULL NAME: :			
PREFERRED NAME:		DATE OF BIRTH:		
NATIONALITY:		PLACE OF BIRTH:		
PASSPORT NO:		PLACE OF ISSUE:		
DATE OF ISSUE:		EXPIRY DATE:		
ADDRESS:				
		POSTCODE:		
PH: HOME:	MOBILE (Pax1)	(Pax2)		
EMAIL:				
ANY SPECIAL EVEN	TS? (anniversaries etc)	DATE:		
SINGLE ROOM:	TWIN SHARE ROOM (2 bed	s):with DOUBLE ROOM		
DO YOU HAVE A FO	OD ALLERGY or DIETARY RE	QUIREMENTS:		
PASSENGER 1.	NO YES – please circle/ad	d specific details		
Coeliac-Gluten free	e diet	t Lactose Allergy – Lactose free diet		
Peanut / Nut Allerg	y Uegan diet	Fructose Allergy – Fructose free diet		
Shellfish Allergy	☐ Egg Allergy	Anaphylaxis (to what allergy):		
Other dietary condi	tions			
PASSENGER 2. NO YES – please circle/add specific details				
Coeliac-Gluten free	e diet	et Lactose Allergy – Lactose free diet		
Peanut / Nut Allerg	y	Fructose Allergy – Fructose free diet		
Shellfish Allergy	☐ Egg Allergy	Anaphylaxis (to what allergy):		
Other conditions				

FREQUENT FLYER DETA	ILS: AIRLINE: TBA PAX 1:	PAX 2:		
SEAT REQUEST FOR FLI	GHTS: AISLE WINDOW	(seating is a request only and not guarante	ed)	
FLIGHT UPGRADES REQ	UIRED: (if available) 🔲 BUSINESS CL	ASS (POA) PREMIUM ECONOMY (PO	OA)	
IN CASE OF EMERGENC'	NCY PLEASE CONTACT: RELATIONSHIP:			
ADDRESS:				
	POSTCODE:	HOME PH NO:		
MOBILE:	_EMAIL:			
PAYMENT METHODS Should you like to pay by C	CHEQUE, please make it out to GIPPSLA	AND TRAVEL CENTRE.		
	rge for credit cards and debit cards will a			
https://pay.travelpay.com	.au/GIPPSTRAV			
Please quote as Reference	e: (Your Surname and/or Booking Numbe	er)		
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 Balance of payment	to secure a place on this tour due 31 January 2024	\$8000 per person		
reached, Gippsland Travel	reserve the right to cancel the tour. In t	unlikely event that this number of participants this instance only, a full refund of all deposits pancellation conditions as per this tour's itineral	aid will	
	and, and agree with the Gippsland IN & MAGICAL MOROCCO tour itinerary	Travel Terms and Conditions, as stated ory.	n the	
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.

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.







