

STUNNING SWITZERLAND – 7th – 24th September 2024

Dptional Add On: Paris to Normandy Cruise YES NO Cabin Type: *Please complete one booking form per household.					
PASSENGER 1.	Please complete one bo	oking form per nousenoid.			
	E: (as per passport) :				
PREFERRED NAME:					
	DATE OF BIRTH:				
NATIONALITY: PASSPORT NO:					
DATE OF ISSUE:		PLACE OF ISSUE: EXPIRY DATE:			
	EAPIRT	DATE.			
PASSENGER 2.					
TITLE:: FULL NAMI	E: (as per passport) :				
PREFERRED NAME:	DATE C	DATE OF BIRTH:			
NATIONALITY:	PLACE OF BIRTH:				
PASSPORT NO:	PLACE	PLACE OF ISSUE:			
DATE OF ISSUE:	EXPIRY	Y DATE:			
ADDRESS:					
		POSTCODE:			
PH: HOME:	MOBILE (Pax1)	(Pax2)			
EMAIL:					
	SHARE ROOM (2 beds):with				
ANY SPECIAL EVENTS? (anniversaries etc)		DATE:			
DO YOU HAVE ANY ALLERG	IES/DIETARY REQUIREMENT	S:			
PASSENGER 1. NO	YES – if yes, please tick/add sp	ecific 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					
	(ES places sizels/add apositis	detaile			
PASSENGER 2. NO Y	ES – please circle/add specific	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 MEDICA If yes, please contact our office		s 🗆			

FLIGHT UPGRADES REQUES	TS: EMIRAT	ES (QANTA	S)			
BUSINESS CLASS		CONONY on	ly available Melbo	burne/Dubai; Dubai/Melbourne		
FREQUENT FLYER NO:: PAX	<u>. 1</u> :	<u>PAX 2</u> :				
SEAT REQUEST FOR FLIGHT	S: AISLE or WINDO	W PAX 1:		<u>PAX 2</u> :		
TRAVEL INSURANCE DETAILS (if known) INSURER:						
POLICY NO:	POLICY NO: INSURANCE EMERGENCY NO:					
IN CASE OF EMERGENCY PL	EASE CONTACT:					
NAME:		RELATIONSHIP:				
ADDRESS:						
	POSTCODE		HOME PH	NO:		
MOBILE:	_ <mark>EMAIL</mark>					
CREDIT CARDS: Contact the online with secure TRAVELPAY https://pay.travelpay.com.au/GI DIRECT BANK DEPOSIT – Act Bank: CBA Warragul. BS Account Name: Gippsland Tra	 Simply enter PSTRAV Please q count details are: B: 063 532. 	this link into y juote as Refer		-		
PAYMENT DETAILS		ia hu 20 Nava				
•		Due by 30 November 2023 to secure a place on this tour Due by 28 March 2024				
Further payment: \$20 Final payment		Due by 7 June 2024				
 I have read, understand, and agree with the Gippsland Travel Terms and Conditions, as stated on the 2024 Stunning Switzerland tour itinerary. SIGNATURE 						
CIONATORE			DAIL			
contact Gippsland Travel if you conditions. We offer a compreh PASSPORT and VISA	would like us to prep ensive policy with a re	are a quote fo putable insure	or you or require er.	the time of final payment. Pleas cover for any pre-existing medicant passport, you may require a reast require a reast reast require a reast		

entry permit. Some countries require a visa to be issued before you depart Australia.

Gippsland Travel will advise you of all passport and visa requirements for this tour.

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.