



**BOOKING FORM: HIGHLIGHTS OF SOUTH AUSTRALIA**

**TOUR DATES: 29 October to 10 November 2024**

\*Please complete one booking form per household.

**PASSENGER 1.**

TITLE:: \_\_\_\_\_ FULL NAME: : \_\_\_\_\_

PREFERRED NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

MOBILE: \_\_\_\_\_ PHOTO ID: \_\_\_\_\_

**PASSENGER 2.**

TITLE:: \_\_\_\_\_ FULL NAME: : \_\_\_\_\_

PREFERRED NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

MOBILE: \_\_\_\_\_ PHOTO ID: \_\_\_\_\_

**PER HOUSEHOLD:**

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
POSTCODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DOUBLE ROOM     SINGLE ROOM:     TWIN SHARE ROOM (2 beds):with \_\_\_\_\_

ANY SPECIAL EVENTS? (anniversaries etc) \_\_\_\_\_ DATE: \_\_\_\_\_

FREQUENT FLYER DETAILS:    AIRLINE:    VIRGIN VA NO: \_\_\_\_\_    QANTAS FF NO: \_\_\_\_\_

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

**DO YOU HAVE A 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 \_\_\_\_\_

**DO YOU HAVE A FOOD ALLERGY:**

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 \_\_\_\_\_

**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:                 (SA24/Your Surname)

**PAYMENT DETAILS**

DEPOSIT non-refundable      \$400 per person to secure your place on the tour

BALANCE OF PAYMENT      Due by Wednesday, 28 August 2024

I have read, understand, and agree with the Gippsland Travel Terms and Conditions, as stated on the 2024 Highlights of South Australia 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.