



**ITALY MALTA GREEK ISLANDS - 23 MAY to 21 JUNE 2025**

\*Please complete one booking form per household.

**PASSENGER 1 (Pax1)**

TITLE::  FULL NAME: :

PREFERRED NAME:  DATE OF BIRTH:

NATIONALITY:  PLACE OF BIRTH:

PASSPORT NO:  PLACE OF ISSUE:

DATE OF ISSUE:  EXPIRY DATE:

**PASSENGER 2 (Pax2)**

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: (Pax 1)  (Pax2)

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

ANY SPECIAL EVENTS? (anniversaries etc)  DATE:

**DO YOU HAVE A FOOD ALLERGY OR INTOLERANCE:**

**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  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

**ANY PRE-EXISTING MEDICAL CONDITIONS?** NO  YES

If yes, please contact our office for further information

**FLIGHT UPGRADE REQUEST:**     BUSINESS CLASS     PREMIUM ECONOMY (MEL/DBX/MEL))

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

SEAT REQUEST FOR FLIGHTS:    AISLE or WINDOW    PAX 1:     PAX 2:

TRAVEL INSURANCE DETAILS (if known)    INSURER:

POLICY NO:     INSURANCE EMERGENCY NO:

**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 31 May 2024 to secure place on tour    \$3000 per person

Further Payment    Due by 31 August 2024    \$3000 per person

Final payment    Due by 31 January 2025

I have read, understand, and agree with the Gippsland Travel Terms and Conditions, as stated on the 2025 Italy, Malta & Greek Islands tour 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.

**PASSPORT and VISA**

A valid passport is required for all international travel. If you do not hold an Australian passport, you may require a re-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.