



AWESOME ANTARCTICA with a taste of South America
12 February to 5 March 2026

Balcony Stateroom C Balcony Stateroom B Superior Stateroom

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

PASSENGER 1.

TITLE:: _____ FULL NAME: (as per passport) : _____

PREFERRED NAME: _____ DATE OF BIRTH: _____

NATIONALITY: _____ PLACE OF BIRTH: _____

PASSPORT NO: _____ PLACE OF ISSUE: _____

DATE OF ISSUE: _____ EXPIRY DATE: _____

PASSENGER 2.

TITLE:: _____ FULL NAME: (as per passport) : _____

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): _____ EMAIL (Pax 2): _____

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

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

DO YOU HAVE ANY ALLERGIES/DIETARY REQUIREMENTS:

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 _____

FLIGHT REQUESTS:	<input type="checkbox"/> BUSINESS CLASS	<input type="checkbox"/> ECONOMY
QANTAS FREQUENT FLYER NO.:	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	\$2000 per person	Due by 14 August 2024
Second payment:	\$6000 per person	Due by 30 September 2024
Third payment:	\$4000 per person	Due by 31 March 2025
Final payment		Due by 1 November 2025

I have read, understand, and agree with the Gippsland Travel Terms and Conditions, as stated on the 2026 Awesome Antarctica with a taste of South America 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.

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 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.