



ULTIMATE NEW ZEALAND EXPERIENCE 4th to 23rd November 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 []

IN CASE OF EMERGENCY PLEASE CONTACT:

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____

POSTCODE: _____ HOME PH NO: _____
MOBILE: _____ _EMAIL: _____

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: _____

PAYMENT METHODS

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: *NZ25/Your Surname*

PAYMENT DETAILS

Full Deposit Due by 6 December 2024 to secure place on tour \$1000 per person
Final payment Due by 15 August 2025

**Full deposit is non-refundable unless Gippsland Travel must cancel the tour due to minimum numbers of 19 guests are not reached by 1 March 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.