



## **THE BEST OF BEAUTIFUL JAPAN**

**12 April to 1 May 2026**

**\*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

**IN CASE OF EMERGENCY PLEASE CONTACT:**

NAME:  RELATIONSHIP:   
ADDRESS:   
 POSTCODE:  HOME PH NO:   
MOBILE:  EMAIL:

**FLIGHT REQUESTS:** ☐ BUSINESS CLASS ☐ ECONOMY

**SPECIAL SEATING REQUESTS:**

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:

**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: Your Surname

**PAYMENT DETAILS**

Full Deposit	\$5000 per person	At time of booking to secure a place on this tour.
Second payment:	\$2000 per person	Due by 30 June 2025
Final payment		Due by 21 January 2026

☐ I have read, understand, and agree with the Gippsland Travel Terms and Conditions, as stated on the 2026 The Best of Beautiful Japan 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.