GIPPSLAND TRAVEL
3/126 Albert Road, Warragul, Victoria 3820
Tel: 03-5623 5151 Fax: 03-5623 4952
Emergency: +61 (0) 419 213 274

ALOHA ADVENTURE- Including 7 Night Hawaii Cruise

13th – 26th of August 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:

RESIDENTIAL ADDRESS:

POSTCODE:

POSTAL ADDRESS IF DIFFERENT TO ABOVE:

POSTCODE:

PH HOME: MOBILE (Pax 1) (Pax 2)

EMAIL (Pax 1):

EMAIL (Pax 2):

ROOM REQUEST: ☐ 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

ANY PRE-EXISTING MEDICAL CONDITIONS? ☐ NO ☐ YES – if yes, please tick/add specific details

If yes, please contact our office for further information

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 tick/add specific details

If yes, please contact our office for further information

FLIGHT REQUESTS: ☐ BUSINESS CLASS ☐ 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

CHEQUE payments should be made out to **GIPPSLAND TRAVEL CENTRE.**

CREDIT CARDS: Contact the office with credit card details or please use the below link. A service fee will apply.

https://pay.travelpay.com.au/GIPPSTRAV Simply enter this link into your browser: (Google Chrome Recommended)

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	$ 3,000 per person	At time of booking
Final payment		Due by Friday 1 May 2026

☐ I have read, understand, and agree with the Gippsland Travel Terms and Conditions, as stated on the 2026 ALOHA ADVENTURE 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