

<u>Lapland Experience & European Christmas Cruise</u> $6^{th} - 29^{th} December 2026$

*Please complete one booking form per household.

PASSENGER 1.					
TITLE: FULL NAME (as per	FULL NAME (as per passport):				
PREFERRED NAME:		DATE OF BIRTH:			
NATIONALITY:		ACE OF BIRTH:			
PASSPORT NO:		ACE OF ISSUE:			
DATE OF ISSUE:		PIRY DATE:			
PASSENGER 2.					
TITLE: FULL NAME (as pe	r passport):				
PREFERRED NAME:	ME: DATE OF BIRTH:				
NATIONALITY:		ACE OF BIRTH:			
PASSPORT NO:		ACE OF ISSUE:			
DATE OF ISSUE:					
RESIDENTIAL ADDRESS:					
		POSTCODE:			
POSTAL ADDRESS IF DIFFEREN	T TO ABOVE:				
		DOSTOODE			
		POSTCODE:			
PH HOME:	MOBILE (Passenger 1)	(Passenger 2)			
EMAIL (Passenger 1):					
EMAIL (Passenger 2):					
	OOM SINGLE ROOM:	TWIN SHARE ROOM (2 heds): with			
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 CO If yes, please contact our office for t		YES – if yes, please tick/add specific details			
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		1.4			
ANY PRE-EXISTING MEDICAL CO	DNDITIONS? NO Lorther information	YES – if yes, please tick/add specific details			

FLIGHT REQUESTS:	☐ BUSINESS CLASS	☐ PREMIUM ECONOMY	ECONOMY		
FREQUENT FLYER NO:					
Passenger 1:		Passenger 2:			
SEAT REQUEST FOR FL	IGHTS: Passenger 1: AISL	E WINDOW Passenge	er 2: AISLE WINDOW		
TRAVEL INSURANCE DE	TAILS (if known) INSURER:				
POLICY NO:	INSURAN	CE EMERGENCY NO:			
CRUISE CABIN PREFFERENCE: (Subject to availability)					
FRENCH BALCONY-Cat (D): VERANDA	H_Cat (A)·	VERANDAH SUITE- Cat (AA):		
_	· ,				
(Inc in tour cost)	(Upgra	de)	(Upgrade) 🗌		
IN CASE OF EMERGENC	Y PLEASE CONTACT:				
NAME:	RELATIONSHIP:				
ADDRESS:					
	POSTCODE:	HOME PH NO	O·		
MOBILE:	EMAIL:	HOMETHIN	J.		
MOBILE:	EWAIL:				
Reference: Your Surname DIRECT BANK DEPOSIT Bank: CBA Warragul.	•	Account No:	1045 4100. Your Surname		
PAYMENT DETAILS					
Full Deposit	\$ 3,500 per person	At time of booking			
Progress Payment	\$ 3,000 per person	0 per person Due by Friday 23 January 2026			
Final payment		Due by Wednesday 5 Augu	st 2026		
☐ I have read, understand, and agree with the Gippsland Travel Terms and Conditions, as stated on the 2026 LAPLAND EXPERIENCE & EUROPEAN CHRISTMAS CRUISE 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					