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

CAPE YORK EXPERIENCE

8 – 21 June 2027

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

PASSENGER 1.

TITLE: FULL NAME (ID):

PREFERRED NAME: DATE OF BIRTH:

PASSENGER 2.

TITLE: FULL NAME (ID):

PREFERRED NAME: DATE OF BIRTH:

RESIDENTIAL ADDRESS:

POSTCODE:

POSTAL ADDRESS IF DIFFERENT TO ABOVE:

POSTCODE:

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

EMAIL (Passenger 1):

EMAIL (Passenger 2):

ROOM REQUEST: ☐ SINGLE ☐ DOUBLE ☐ TWIN SHARE (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

IN CASE OF EMERGENCY PLEASE CONTACT:

NAME: RELATIONSHIP:

ADDRESS:

POSTCODE: HOME PH NO:

MOBILE: EMAIL:

FLIGHT REQUESTS: ☐ BUSINESS CLASS ☐ ECONOMY

FREQUENT FLYER NO:

Passenger 1: Passenger 2:

SEAT REQUEST FOR FLIGHTS: Passenger 1: ☐ *AISLE* ☐ *WINDOW* Passenger 2: ☐ *AISLE* ☐ *WINDOW*

TRAVEL INSURANCE DETAILS (if known) INSURER:

POLICY NO: INSURANCE EMERGENCY NO:

PAYMENT METHODS

CASH

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

CREDIT CARDS Please contact the office.

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	$ 3,200 per person	At time of booking
Final payment		Due by Wednesday 18 November 2026

If ALL payments are made via bank deposit or cash a discount of $210 per person will apply.

☐ I have read, understand, and agree with the Gippsland Travel Terms and Conditions, as stated on the CAPE YORK EXPERIENCE 2027 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.

IDENTIFICATION

Photo identification is a requirement for this tour, a government issued photo identification (drivers' licence) is sufficient.

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