

Please make sure you have completed this form in full including your signature then return it together with your deposit or full payment (if applicable) to:

ADVENTURE ASSOCIATES

2A BEAUFORD STREET,
WOODFORD NSW 2778
OR EMAIL SCANNED COPY TO:
mail@adventureassociates.com

PLEASE COMPLETE THIS BOOKING FORM TO BOOK ANY TOUR OR CRUISE. ALTERNATIVELY, CONTACT US FOR A SEPARATE FORM OR DOWNLOAD A VERSION FROM OUR WEBSITE: WWW.ADVENTUREASSOCIATES.COM

I have read the **TERMS AND CONDITIONS*** and the general information relevant to this booking and agree to be bound thereby. Please ensure that you have thoroughly read and understand the deposit and cancellation policies pertaining to your chosen trip. These can vary according to the tour or shipping company involved.

TO PROTECT YOURSELF AGAINST UNFORSEEN CIRCUMSTANCES TRAVEL INSURANCE IS HIGHLY RECOMMENDED - HOWEVER, IT IS MANDATORY FOR ALL POLAR CRUISES (we will be pleased to forward to you a selection of insurance brochures). **I CONFIRM THAT I AM AUTHORISED TO SIGN THIS CONTRACT AND ACCEPT ITS CONDITIONS FOR ALL THE PERSONS LISTED ON THIS FORM.**
*Contact us for Terms & Conditions if you do not have a copy.

1
DETAILS

TITLE FULL NAME DATE

ADDRESS

TEL (B) TEL (H) MOB FAX

EMAIL AUTHORISED SIGNATURE

EMERGENCY CONTACT FULL NAME TEL

2
TOUR/
CRUISE

PLEASE RESERVE THE FOLLOWING PASSENGER/S ON:

TOUR/CRUISE NAME/S

DEPARTURE DATE/S CODE/S

3
SHIP/CABIN

VESSEL NAME/S CABIN TYPE/S

TWIN SHARE DOUBLE SINGLE TRIPLE QUAD

I AM TRAVELLING BY MYSELF AND WISH TO SHARE WITH A ROOMMATE (NOT APPLICABLE TO SUITES ON CRUISES)

SMOKING NON SMOKING **IF YOU HAVE BOOKED ON A TWIN SHARE BASIS, SMOKING IS NOT PERMITTED IN THE ROOM UNLESS YOUR ROOMMATE AGREES AND THIS MAY ALSO BE SUBJECT TO THE HOTEL/VESSEL POLICY.**

4
TRAVELLERS

	1ST PERSON	2ND PERSON	3RD PERSON	4TH PERSON
TITLE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SURNAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE OF BIRTH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NATIONALITY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PASSPORT NO.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE OF ISSUE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EXPIRY DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NAME EXACTLY AS SHOWN ON YOUR PASSPORT!
PLEASE USE BLOCK LETTERS
SHOULD YOU NOT HAVE A CURRENT PASSPORT, PLEASE ADVISE DETAILS WHEN OBTAINED

ARE THE ABOVE PASSENGER/S IN GOOD HEALTH? YES NO

DO ANY OF THE ABOVE PASSENGER/S SUFFER FROM ANY DISABILITIES? YES NO

DO ANY PASSENGERS HAVE ANY SPECIFIC DIETARY REQUIREMENTS? YES NO

ATTACH DETAILS AND DOCTOR'S CERTIFICATES, STATING FITNESS TO TRAVEL

5
OPTIONS

FROM WHICH CITY DO YOU WISH US TO TICKET AND ARRANGE CONNECTING FLIGHTS?
 SYD MEL BNE ADL PER HBA OTHER

OTHER ACCOMODATION OR EXTENSION TOURS REQUIRED

PLEASE FORWARD A SELECTION OF INSURANCE PROPOSAL FORMS

PLEASE COMPLETE IF YOU WISH US TO MAKE CONNECTING AIR AND/OR ACCOMMODATION ARRANGEMENTS FOR YOU.

6
PAYMENT

AMOUNT OR DEPOSIT FULL PAYMENT

TOUR/CRUISE BALANCE MUST BE PAID IN THE CURRENCY AND BY THE PAYMENT METHOD AS SHOWN ON YOUR TOUR/CRUISE BALANCE INVOICE.

I WISH TO PAY BY: CHEQUE NO. PAYABLE TO **ADVENTURE ASSOCIATES**

DIRECT OR TELEGRAPHIC TRANSFER **CONTACT US FOR OUR ACCOUNT DETAILS AND ADVISE US ASAP WHEN PAYMENT HAS BEEN SENT**

CREDIT CARD: VISA MASTERCARD Security ID is the last 3 digits on signature panel on reverse of visa or master card.

CARD NUMBER EXPIRY DATE

CARDHOLDER'S NAME SIGNATURE

IMPORTANT: PAYMENT BY CREDIT CARD IS ACCEPTED FOR DEPOSITS ONLY FOR DIRECT BOOKINGS.