

# BOOKING FORM - 2010 Oberammergau Passion Play

Shorter Tours

Please tick the tour(s) you wish to join: - *one form per person, please*

May 31<sup>st</sup> departure - with Italian Highlights

June 9<sup>th</sup> departure - with a Taste of Eastern Europe

NAME:  Mr  Mrs  Ms Preferred First Name \_\_\_\_\_ Surname \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

Ph. Home ( ) \_\_\_\_\_ Ph. Work ( ) \_\_\_\_\_

Mobile \_\_\_\_\_ Email: \_\_\_\_\_

## PASSPORT DETAILS:

Full Name (as in passport) \_\_\_\_\_

Passport No. \_\_\_\_\_ Date of Issue \_\_\_\_\_ Expiry Date \_\_\_\_\_

Nationality \_\_\_\_\_ Date of Birth \_\_\_\_\_

## MEDICAL CONDITIONS:

Do you have any medical conditions or dietary requirements that we should be alerted to?

YES  NO If you answered YES, please outline briefly: \_\_\_\_\_  
\_\_\_\_\_

Are you able to walk at a moderate pace without assistance?  YES  NO

*Please note that in some circumstances, we may require medical evidence of your fitness to travel*

NEXT OF KIN (to be contacted in event of an emergency) Name \_\_\_\_\_

Ph. Home ( ) \_\_\_\_\_ Ph. Work ( ) \_\_\_\_\_ Mobile \_\_\_\_\_

## TRAVEL INSURANCE:

Please provide me with travel insurance.

I have pre-existing medical condition which the insurer will need to know about.

Note: Passengers over 70 years of age at end of tour will need a medical clearance.

I decline your offer of travel insurance and attach documentary evidence that I have sufficient travel insurance cover.

Insurance Company \_\_\_\_\_ Policy number \_\_\_\_\_

## ACCOMMODATION:

Double, sharing with \_\_\_\_\_

Twin, sharing with \_\_\_\_\_

Twin, please find someone to share with me

Single Room  Single occupancy of double sized room (surcharge)

Non-smoking  Smoking

**FLIGHTS:**

**To Europe:**

I wish to travel on 'group' dates per itinerary, departing Australia from \_\_\_\_\_ (airport)

**Other requests:** (e.g. earlier departure / Singapore stopover on the flight to Europe)

Please detail \_\_\_\_\_

**From Europe:**

I wish to travel on 'group' dates as per itinerary, departing \_\_\_\_\_ (airport)

I wish join the Add-On UK Christian Heritage Tour departing London on \_\_\_\_\_

**Other requests:** (e.g. earlier / later departure from a different European airport, stopover on the return )

Please detail \_\_\_\_\_

I wish to purchase the tour "Land Content Only". I will make my own flight arrangements.

Deduct \$2000 from tour cost.

**EXTRA ACCOMMODATION:**

Pre – Tour in \_\_\_\_\_ (city) Date IN \_\_\_\_/\_\_\_\_/\_\_\_\_ Date OUT \_\_\_\_/\_\_\_\_/\_\_\_\_

Post – Tour in \_\_\_\_\_ (city) Date IN \_\_\_\_/\_\_\_\_/\_\_\_\_ Date OUT \_\_\_\_/\_\_\_\_/\_\_\_\_

**OPTIONAL EXCURSIONS:**

You will be asked to choose your optional excursions at the time of final payment

**PAYMENT METHOD:**

Deposit of \$2,000 per person is due with this form, balance due 4 months before departure.

I enclose a cheque, payable to "Great Trains of Europe Tours" for \$.....

**OR**

I have deposited \$..... in the "Great Trains of Europe Tours" account at Heritage Building Society, Toowoomba, as follows:

BSB 638 – 060 Account Number 11109734, and I attach a pay-in slip as evidence.

**By signing this form I declare that I have read the Tour Terms and Conditions, understand them, and agree to abide by them.**

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please forward this completed form and deposit payment (both sheets if faxing) to:



**GREAT TRAINS OF EUROPE**  
Tours

PO Box 4553 Toowoomba East Qld Australia 4350  
**W** www.greattrainsofeurope.com.au **E** greattrains@bigpond.com  
**T** 0488 423 848 (int +61 488 423 848) **F** 07 4613 4728 (int +61 7 4613 4728)  
 ABN 75 325 010 987 Travel Licence# 3217475