

The Great Trains of Europe Tours

BOOKING FORM 2010 Oberammergau Passion Play Tours

Please tick the tour(s) you wish to join:

one form per person, please

May 4th departure: Springtime Gardens with Oberammergau

May 31st departure: Christian Heritage Tour

Add-On UK Heritage Tour

Aug 30th departure: Christian Heritage Tour

Add-On UK Heritage Tour

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 (**one form per person, please**) and deposit payment (both sides 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