

UK QUILTS ON SHOW TOUR

DEPARTS March 30th 2010

BOOKING FORM

- one form per person, please

Please tick your preferences:

Land content only [i.e. Join and leave tour in London]

Please contact me with details of available airfares

I wish to be a part of the 'non quilting spouses' program.

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

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 75 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 _____

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

Ph. Home () _____ Ph. Work () _____ Mobile _____

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

EXTRA ACCOMMODATION:

- Pre – Tour in _____ (city) Date IN ____/____/____ Date OUT ____/____/____
- Post – Tour in _____ (city) Date IN ____/____/____ Date OUT ____/____/____

PAYMENT METHOD:

EITHER

- 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 slip (both sides if faxing) to:



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