

# Great Trains of Europe Tours **BOOKING FORM**

One form per person, please.

Tour Name: \_\_\_\_\_ Departure Date: \_\_\_\_\_

## PASSPORT DETAILS

Full name (as in passport): \_\_\_\_\_

Address: \_\_\_\_\_

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

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

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

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

## MEDICAL / DIET

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

## 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 a pre-existing medical condition.

{NOTE: Passengers over 75 years of age at end of a 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  Twin, sharing with \_\_\_\_\_

Twin, please find someone to share with me. If no suitable room-mate can be found, the single supplement is payable.

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 \_\_/\_\_/\_\_

## FLIGHTS

I seek your assistance with an airfare. Please contact me. **or**  I will make my own flight arrangements.

## PAYMENT METHOD

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, 400 Ruthven St,

Toowoomba, Qld., 4350, Australia as follows.

BSB 638 — 060 Account Number 11109734 Swiftcode HBSLAU4T, 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 \_\_\_\_\_



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