

Booking Form

BOOKING FORM MUST BE COMPLETED ACCURATELY AND IN FULL
AND SENT TO INFO@ALLUCIATOURS.COM.AU IMMEDIATELY ALONG
WITH THE DEPOSIT.

TOUR NAME _____ BOOKING NUMBER _____

DEPARTURE DATE _____

ROOM TYPE Twin Double (Note: Double beds cannot be guaranteed) Single Single Traveller - willing to share

TRAVEL AGENT INFORMATION

AGENCY _____ CONSULTANT _____ AGENCY LICENCE # _____

POSTAL ADDRESS _____ POSTCODE _____

PHONE _____ FAX _____ AGENT EMAIL _____

Names that appear on this booking form are used for ticketing purposes and therefore MUST appear exactly as per passports. Any errors in names will incur ticket reissue fees which are at passengers' own expense.

PASSENGER 1 (FULL NAME AS PER PASSPORT)

TITLE _____ SURNAME (CAPITALS) _____

FIRST NAME (CAPITALS) _____ MIDDLE NAME _____

PREFERRED NAME ON TOUR BADGE _____

OCCUPATION _____ NATIONALITY _____

BIRTH DATE _____ PASSPORT NO. _____

ISSUE DATE _____ EXPIRY DATE _____

PASSENGER REQUIREMENTS

Medical/Special Requirements#

Please attach relevant Medical Information Form & read declaration below

Dietary Requirements _____

_____ Allergy Preference

Postal Address _____

_____ Postcode _____

Home Phone _____ Mobile _____

Email _____

Past Passenger of Allucia Tours Yes No

If yes, where did you travel to? _____

Date of travel _____

EMERGENCY CONTACT DETAILS

Name _____ Phone _____

Relationship to Passenger* _____

*Other than the person you are travelling with

Travel insurance is strongly recommended when travelling with Allucia Tours and should be purchased no later than when final balance is paid.

Travel Insurance Provider _____

Emergency Phone _____ Policy No. _____

PASSENGER 2 (FULL NAME AS PER PASSPORT)

TITLE _____ SURNAME (CAPITALS) _____

FIRST NAME (CAPITALS) _____ MIDDLE NAME _____

PREFERRED NAME ON TOUR BADGE _____

OCCUPATION _____ NATIONALITY _____

BIRTH DATE _____ PASSPORT NO. _____

ISSUE DATE _____ EXPIRY DATE _____

PASSENGER REQUIREMENTS

Medical/Special Requirements#

Please attach relevant Medical Information Form & read declaration below

Dietary Requirements _____

_____ Allergy Preference

Postal Address _____

_____ Postcode _____

Home Phone _____ Mobile _____

Email _____

Past Passenger of Allucia Tours Yes No

If yes, where did you travel to? _____

Date of travel _____

EMERGENCY CONTACT DETAILS

Name _____ Phone _____

Relationship to Passenger* _____

*Other than the person you are travelling with

Travel insurance is strongly recommended when travelling with Allucia Tours and should be purchased no later than when final balance is paid.

Travel Insurance Provider _____

Emergency Phone _____ Policy No. _____

DECLARATION

- If signed by one party only, I confirm that I am authorised to sign on behalf of all passengers listed on this booking form.
- All parties have read, understood and agree to abide by the terms, conditions and responsibilities
- All parties understand that if names are not provided as per passport, additional re-issue fees will apply.
- All persons named on this form are fit and physically able to partake unaided in their chosen group tour as per the itinerary outlined in the Tour Dossier.
- All persons named on this form who are travelling on a 'Fully Independent Tour' are fit and physically able to partake unaided in their chosen itinerary.
- All parties acknowledge the physical demands and hazards involved in the tour they will be undertaking and have chosen to participate at their own risk.
- All parties understand that any medical or dietary information provided to Allucia Tours does not, under any circumstance, make Allucia Tours liable if a particular condition exacerbates while on tour or affects their ability to participate in any portion of the tour.

Passenger 1 Name _____ Signature _____ Date _____

Passenger 2 Name _____ Signature _____ Date _____

We are collecting your personal information so that we can process your booking. We would also like to keep you up to date with other Allucia Tours' offers and product information which may be of interest to you.

Yes, please contact me by Email Post No, I do not wish to receive any information

You can opt out of receiving information at any time if you choose to do so. Any personal information you provide will be managed in accordance with Allucia Tours' privacy policy which can be viewed at www.alluciatours.com.au