

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 500 metres and climb 25 stairs 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 Bank, 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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