

BOOKING FORM - Music Tour of America with Craig Giles

TRAVELRITE INTERNATIONAL PTY LTD

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To make a booking please complete this form and return together with your non-refundable deposit payment of 500.00 per person to the above address: Please reserve _____ place(s) on the:

Music Tour of America with Craig Giles, 22 Sept. to 16 October 2019

	FIRST PASSENGER	SECOND PASSENGER
LAST NAME (As in passport)		
FULL GIVEN NAME (As in passport)		
TITLE (Mr/Mrs/Miss/Ms)		
PREFERRED NAME (For Name Badge)		
ADDRESS		
STREET		
SUBURB / TOWN		
STATE		
POSTCODE		
TELEPHONE		
HOME		
WORK		
MOBILE		
EMAIL ADDRESS		
BIRTHDATE		
CITIZENSHIP BY PASSPORT		
PASSPORT NUMBER (If you do not have it now you can advise it later)		
CITY OF ISSUE		
DATE OF ISSUE		
DATE OF EXPIRATION		
TWIN SHARE (Require match or Sharing with:) / SINGLE ROOM		<input type="checkbox"/> Double Bed <input type="checkbox"/> Twin Beds
EMERGENCY CONTACT	Name	Phone number
ARE YOU A SMOKER ?		
SPECIAL MEAL REQUESTS:		

Health & Fitness

Travelrite International tours require a certain level of health and fitness. When signing this form you confirm that all persons mentioned on this form have a level of fitness that allows them to take part in this tour without assistance from others.

Travel Insurance:

Travel Insurance is compulsory when travelling on a Travelrite International tour. Travelrite International will send you an application form with your receipt. Please contact our office to discuss options.

Credit Card Payment

Please charge my: Visa Mastercard Amex Diners

Card Number: _____ Expiry Date: _____ Amount: _____

Terms & Conditions

I/We have noted the tour terms & conditions and agree to be bound by them.

Signed _____ Date _____

A name and address list will be provided to each tour member. If you do **not** want your details included please tick: