

# BOOKING FORM



To join one of our trips, please complete this form and send it to your nearest Australian World Expeditions office of which Australian Walking Holidays is a division of, or to your local travel agent, together with a non refundable deposit of \$400 per person per trip. Please note that some trips may require a greater deposit; please check specific trip essential information on our website regarding varied deposit amounts or final payment deadlines.

## PARTICIPANT 1 DETAILS BELOW TO BE PROVIDED AS IT APPEARS IN YOUR PASSPORT

TITLE: MR MRS MISS MS DR OTHER  
SURNAME: \_\_\_\_\_  
FIRST NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
SUBURB/CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_  
TEL: (MOB) \_\_\_\_\_ (LAND) ( ) \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
DATE OF BIRTH: (DD/MM/YR) \_\_\_\_\_ HEIGHT (CM): \_\_\_\_\_  
DO YOU HAVE A PRE-EXISTING MEDICAL CONDITION? YES NO  
IF YES, PLEASE PROVIDE DETAILS: \_\_\_\_\_  
\_\_\_\_\_  
DO YOU HAVE SPECIAL DIETARY REQUIREMENTS? YES NO  
IF YES, PLEASE PROVIDE DETAILS: \_\_\_\_\_  
EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
MOBILE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

## PARTICIPANT 2 DETAILS BELOW TO BE PROVIDED AS IT APPEARS IN YOUR PASSPORT

TITLE: MR MRS MISS MS DR OTHER  
SURNAME: \_\_\_\_\_  
FIRST NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
SUBURB/CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_  
TEL: (MOB) \_\_\_\_\_ (LAND) ( ) \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
DATE OF BIRTH: (DD/MM/YR) \_\_\_\_\_ HEIGHT (CM): \_\_\_\_\_  
DO YOU HAVE A PRE-EXISTING MEDICAL CONDITION? YES NO  
IF YES, PLEASE PROVIDE DETAILS: \_\_\_\_\_  
\_\_\_\_\_  
DO YOU HAVE SPECIAL DIETARY REQUIREMENTS? YES NO  
IF YES, PLEASE PROVIDE DETAILS: \_\_\_\_\_  
EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
MOBILE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

## TRIPS SELECTED

TRIP NAME: \_\_\_\_\_ DEPARTURE DATE: \_\_\_\_\_ ALTERNATIVE DATE: \_\_\_\_\_  
TRIP NAME: \_\_\_\_\_ DEPARTURE DATE: \_\_\_\_\_ ALTERNATIVE DATE: \_\_\_\_\_  
ADDITIONAL ARRANGEMENTS OR EXTENSIONS IF REQUIRED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
WOULD YOU LIKE TO RECEIVE YOUR DEPARTURE INFORMATION AND TRAVEL DOCUMENT BY: OPTION 1: EMAIL OR OPTION 2: NORMAL POST  
HAVE YOU TRAVELLED WITH US BEFORE? YES NO WHERE DID YOU HEAR ABOUT US? \_\_\_\_\_

BY TICKING THIS BOX I /WE CONFIRM THAT I/WE HAVE READ, UNDERSTOOD AND ACCEPT THE CONDITIONS OF CONTRACT ACCOMPANYING THIS BOOKING AND THE OBLIGATIONS SET OUT IN THE CONDITIONS, PARTICULARLY THOSE RELATING TO THE RELEASE AND WAIVER OF LIABILITY [CONDITION 20], IF AGED UNDER 18, THIS FORM REQUIRES THE CONSENT OF YOUR PARENT OR LEGAL GUARDIAN.

PARTICIPANT 1: SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_ PARTICIPANT 2: SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

## CREDIT CARD DETAILS - PARTICIPANT 1

VISA MASTERCARD AMEX CHEQUE  
CARDHOLDER'S NUMBER: \_\_\_\_\_  
EXPIRY DATE: \_\_\_\_\_ I agree to debit this card below amount  
CARDHOLDERS NAME: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

## CREDIT CARD DETAILS - PARTICIPANT 2

VISA MASTERCARD AMEX CHEQUE  
CARDHOLDER'S NUMBER: \_\_\_\_\_  
EXPIRY DATE: \_\_\_\_\_ I agree to debit this card below amount  
CARDHOLDERS NAME: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

## SEND YOUR BOOKING FORM TO:

enquiries@australianwalkingholidays.com.au or fax to: 02 8270 8401

