

HOLIDAY NAME



Please complete this form and return to your travel agent when you book your holiday. Travel insurance is a mandatory requirement for joining our holidays, unless the value of your bookings is under AUD \$1000.

Have you travelled with us before? 🗆 Y	ES □ NO □ NOT SURE		
PERSONAL DETAILS Important: please complete your na	ame as it appears on your passport		
Title: MR / MRS / MS / MISS / DR / PROF /	OTHER :		
First Name:	Middle I	Middle Name/ s:	
Last Name:			
	Date of Birth: day		
		Suburb	
State	Country	Postcode	
Telephone (home)	Telephone (work)	Telephone (mobile)	
Country of Birth	Nationality (as per your passpor	t)	
holiday.	,	outside your home country, from your return date of your	
•	·		
Passport Place of Issue:	Passport Date of Issue:	Date of Expiry:	
•		dress for deliveries during business hours Monday to Friday s a business address □ This is a residential address	
Business Name (if applicable):	Buil	Building Name/Level:	
Street Address (PO Box can not be used)_			
Suburb	State	Post Code	
TRAVEL INSURANCE We require your policy details and a copy of	f your policy certificate. These details must be	e provided no later than 60 days prior to departure.	
	our policy certificate. These details must be provided no later than 60 days prior to departure. Policy Number		
EMERGENCY CONTACT			
Emergency Contact Name in Full:	Contact's relationship to you		
Their Telephone Number:			
Emergency Contact's address			
Contact's email	Their Oth	Their Other Number e.g Mobile Number	





BOOKING FORM PG2

ROOM REQUEST:				
☐ I'd like to book a single room (just for me) ☐ I'd like to book a twin share room (for me andmy friend)				
☐ I'd like to book a twin share room (with a roommate match) ☐ Multi-Share (3 or more in room) – does not apply to all holidays				
CLOSEST MAJOR CITY OF DEPARTURE				
□ Adelaide □ Brisbane □ Canberra □ Darwin □ Hobart □ Melbourne □ Perth □ Sydney				
Othe Major City				
Outside Australia				
SPECIAL DIET REQUESTS				
☐ No special diet needs ☐ I do not eat pork				
☐ Vegetarian (no meat / seafood)☐ I do not eat red meat				
□ Vegan □ I do not eat eggs				
☐ I do not eat shellfish (crustaceans) ☐ Dairy-free diet				
☐ I do not eat seafood ☐ Gluten-free diet				
☐ I do not eat chicken ☐ I have a nut or peanut allergy ☐ Other (please specify)				
Other (please specify)				
Please note: some special diet requests cannot be catered for while touring and/or on modes of transport. Please check with us				
before booking for any queries about your special diet requests.				
FLIGHT INFORMATION:				
My seat preference on flights is : No preference Window seat Aisle seat Other, please detail				
MY FREQUENT FLYER DETAILS ARE:				
Airline 1: Frequent Flyer Number				
Airline 2:Frequent Flyer Number				
HOW DID YOU HEAR ABOUT US?				
☐ Internet Search ☐ Newspaper/Magazine/Radio				
☐ I have travelled with you before ☐ Family or friend				
☐ Travel Agent ☐ Other				

HEALTH &FITNESS

There is a minimum physical ability required for joining our tours. Passengers must be independent, with reasonable fitness. While on tour good mobility is needed for sightseeing excursions, boarding or alighting transport and climbing stairs. You must meet these minimum requirements for general touring. *Note: some tours have physical demands that exceed these minimum requirements. If you are unsure, please check with us prior to booking.*





BOOKING FORM PG3

Following are our minimum fitness requirements. Please adv	rise if you meet these requirements. Can	you:
 Walk up to 2 kms, and on uneven surfaces without a mobility a Participate in a sightseeing tour on foot with a duration of up to Stand for extended periods without the need to sit? 	2-3 hours?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
 Climb a few flights of stairs without duress and walk up short s Carry your own luggage (up 23kg) and hand luggage without a 	•	☐ Yes ☐ No ☐ Yes ☐ No
If you are 70 years of age or older at the time of travel you wolder for active trips). Please request this form from your trav		m (or 65 years or
Any allergies? ☐ Yes ☐ No If yes, detail:		
Detail any physical or mental health conditions, including me	dications, recent surgery, and if you use	a CPAP machine:
In some instances, in addition to this booking form we may reconfirms you meet the physical and mental demands of the tof this form you must notify us immediately.		
OTHER COMMENTS		
TERMS AND CONDITIONS		
I print nam	e in full, agree to Encounter Travel's Bo	oking Terms and
Conditions, and understand the cancellation penalties.		
Date Signed://	Signed:	
Day Month Year	_	
☐ Please include me on your email list for Travel Alerts to receiv	e information about your holidays and genera	al travel updates.
PLEASE RETURN THE COMPLETED, AND SIGNED FORM	M TO YOUR TRAVEL AGENT.	



