

|           |  |       |  |
|-----------|--|-------|--|
| Trip Name |  | Dates |  |
|-----------|--|-------|--|

### Personal Details

|   |      |   |          |
|---|------|---|----------|
| Title <i>(MR / MRS / MS / MISS / DR / PROF / OTHER)</i> |      |   |          |
| First Name  |      |   |          |
| Middle Name(s)  |      | Last Name                                 |          |
| Preferred First Name <i>(otherwise known as)</i>        |      |   |          |
| Email Address   |      |   |          |
| Sex   |      | Date of Birth                             |          |
| Home Address  |      |   | Suburb   |
| State   |      | Country                                   | Postcode |
| Telephone (mobile)                                      | (+ ) | Telephone (work)                          | (+ )     |
| Telephone (home)  | (+ ) |   |          |
| Country of Birth  |      | Nationality <i>(as per your passport)</i> |          |

### Emergency Contact

|                                |  |                        |  |
|--------------------------------|--|------------------------|--|
| Emergency Contact Name in Full |  |                        |  |
| Their Relationship to You      |  | Their Telephone Number |  |
| Their Address                  |  |                        |  |
| Their Email                    |  | Their Other Number     |  |

### Special Diet

No special diet needs

**Yes, I have some requirements:**

- |   |  |
|---|--|
| <input type="checkbox"/> Vegetarian<br><input type="checkbox"/> Vegan<br><input type="checkbox"/> I do not eat pork<br><input type="checkbox"/> I do not eat red meat<br><input type="checkbox"/> I do not eat chicken<br><input type="checkbox"/> I do not eat shellfish | <input type="checkbox"/> I do not eat any seafood<br><input type="checkbox"/> Dairy-free<br><input type="checkbox"/> Gluten-free<br><input type="checkbox"/> I have a peanut allergy<br><input type="checkbox"/> I have a nut allergy (peanuts & others)<br><input type="checkbox"/> Other _____ |
|---|--|

*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.*

Have you travelled with us before?  Yes  No  Not Sure

### Any comments?

### Travel Documents Form

|                                |  |             |  |
|--------------------------------|--|-------------|--|
| Nationality                    |  | Expiry Date |  |
| Closest departure city         |  |             |  |
| Outside Australia              |  |             |  |
| Flight Seat Preferences        |  |             |  |
| Airline frequent flyer details |  |             |  |

**Travel Fitness**

There is a minimum level of physical ability required to join our tours. Travellers must be independent and have a reasonable level of fitness. Good mobility is required for sightseeing, boarding and alighting transport, and managing stairs. These are the minimum requirements for our general touring program. Please note that some tours have higher physical demands.

If you are unsure whether a tour is suitable for you, we encourage you to check with us before booking.

In some cases, in addition to this booking form, we may ask that your doctor complete a Fit To Travel form confirming that you meet the physical and mental requirements of the tour.

If there are any changes to your health after this form has been submitted, you must notify us immediately.

Fit To Travel Form required for travellers; 75 years of age or older at time of travel for trips graded 2 out of 5 or more, or 70 years & over for trips graded 3 out of 5 or more

**The questions below help us gauge your baseline fitness and mobility. Some tours involve greater physical demands based on their fitness pace rating. Please refer to the trip's fitness pace or speak with our team if unsure. Can you:**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Walk up to 2 km, and on uneven surfaces without a mobility aid, duress or needing to take a break? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Participate in a sightseeing tour on foot with a duration of up to 2-3 hours?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Stand for extended periods without the need to sit?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Climb a few flights of stairs without duress and walk up short steep hills?                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Carry your own luggage (up 23kg) and hand luggage without assistance (up to 7kg)?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any allergies?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**If yes, detail**

**Detail any physical or mental health conditions, including medications, recent surgery, and if you use a CPAP machine**

**Contact Information**

**Where did you hear about us?**

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> I have travelled with you before | <input type="checkbox"/> Newspaper        | <input type="checkbox"/> Don't Recall |
| <input type="checkbox"/> Internet Search                  | <input type="checkbox"/> Radio/TV         | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Facebook                         | <input type="checkbox"/> Family or friend |                                       |
| <input type="checkbox"/> Instagram                        | <input type="checkbox"/> Travel Agent     |                                       |

**Terms and Conditions**

I \_\_\_\_\_ print name in full, agree to Encounter Travel's Booking Terms and Conditions, and understand the cancellation penalties.

Signed: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Please include me on your email list for Travel Alerts to receive information about our holidays and general travel updates.