BOOKING FORM

TRAVELRITE INTERNATIONAL PTY LTD

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To make a booking please complete this form and return together with your deposit payment to the above address: Please reserve place(s) on the: Tour Name: _____ Date: _____ 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** CABIN TYPE (If applicable) YES 🗖 Double Bed Please tick **ROOM TYPE** Single Room SINGLE ROOM OR SHARING Twin Beds Please tick Email The Senior Newspaper WHERE DID YOU HEAR OF THE TOUR? ☐ Travelrite Other (please specify)_ Internet **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** ☐ Amex Visa ■ Mastercard ☐ Diners Please charge my: _____ Expiry Date: ______ CCV: _____ Amount: ____ Card Number: **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: \Box