

BOOKING FORM

Please complete, sign and return this Booking Form, along with a copy of page one of your passport to: Lisa.smith@travelmanagers.com.au



TOUR NAME:

MR/MR/MS/MISS

FAMILY NAME (AS IN PASSPORT)

FIRST NAME (S) (AS IN PASSPORT)

DATE OF BIRTH (DD/MM/YYYY)

PREFERRED NAME

ADDRESS

STATE

POSTCODE

EMAIL

CONTACT NUMBER

UNIVERSITY

FACULTY

DEPARTING FROM

EMERGENCY CONTACT

FULL NAME:

RELATIONSHIP:

CONTACT NUMBER:

ACCOMMODATION DECLARATION

I AM OK WITH DORMITORY:

YES

NO

SINGLE SUPPLEMENT QUOTE REQUIRED:

YES

NO

I WANT TO SHARE ROOM WITH:

SPECIAL DIETARY REQUIREMENT/ALLERGIES

MEDICAL DECLARATION

ANY MEDICAL CONDITIONS CURRENTLY THAT SCANDIC ESCAPES NEEDS TO BE AWARE OF. (E.G. STROKE, HEART, RESPIRATORY AND PSYCHIATRIC CONDITIONS).

THE PURPOSE OF SEEKING THIS INFORMATION IS TO ASSIST SCANDI ESCAPES DETERMINING IN THE SUITABILITY OF A TOUR PARTICIPANT FOR A PARTICULAR TOUR. THE INFORMATION WILL BE TREATED IN THE STRICTEST CONFIDENCE

I HEREBY AGREE TO THE ATTACHED TERMS & CONDITIONS OF SCANDI ESCAPES

NAME

SIGNATURE