

Booking Form



TOUR NAME (ie: India Unveiled)

PASSPORT DETAILS (should be valid 6 months beyond your return date, a copy of passport is also required)

	Full Name as it appears in your passport	Passport No.	Issued	Expires	Nationality
1					
2					

PERSONAL DETAILS

	Mr/Mrs/Ms	Preferred First Name (ie Judith/Judy) for name tag	Date of Birth	Age (at time of travel)
1				
2				

CONTACT DETAILS

Address:	
	Town/City:
Post Code:	Email:
Home Phone:	Mobile:

ACCOMMODATION INFORMATION

Please tick your travel requirements: One Double Bed Share Twin (2 single beds) Single Room

If you indicated share twin and have someone to share with please name them below

Name:

For tours which include a cruise do you wish to upgrade your cabin? Yes No

Do you wish to upgrade your flights? (where applicable) Business Yes Premium Economy Yes No

Extension Travel: (please contact us to discuss further) Yes No

PAYMENT OPTIONS

PAY BY CREDIT CARD

In addition to payment of your deposit, this information is also necessary to establish your ship account (where applicable) and is kept confidential.

Card Type:	Card Number:
Expiry Date:	Card Holder Name:

PAY BY DIRECT DEBIT

Travel 2U – Westpac Bank account #03-1594-0163150-00.

Please tick if receipt required.

PAY BY CHEQUE

Please make cheques payable to Travel to You Limited.

Please tick if receipt required.

Early Bird Option (Available until 30 September 2019) I have read and understood the booking conditions and agree that payment of my deposit is acceptance of them. Enclosed is my/our payment of **\$1,000.00 per person** as a non refundable deposit for the tour(s) indicated above. (Note: Travel Insurance should be purchased within 2 weeks of paying your deposit.)

I have read and understood the booking conditions and agree that payment of my deposit is acceptance of them. Enclosed is my/our payment of **\$3,000.00 per person** as a non refundable deposit for the tour(s) indicated above. (Note: Travel Insurance should be purchased within 2 weeks of paying your deposit.)

Signed	Date	Total enclosed \$
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AIRLINE AND TRAVEL INFORMATION

	Passenger 1	Passenger 2
Airline Seating Requests:	Aisle / Window (circle preference)	Aisle / Window (circle preference)
Medical Conditions:		
Special Dietary Requirements:		
Airpoints/Krisflyer Number:		
Princess Number (if applicable):		
Holland America Number (if applicable):		

Travel Insurance required: Yes No

(If no please advise travel insurance company name and policy number)

Travel Insurance Company:	Policy No:
Travel Insurance Company emergency phone no. when calling from overseas:	

IMPORTANT NOTE: *If your medical conditions change after you have taken out your policy you must notify the Travel Insurance company concerned for a medical reassessment otherwise the policy could be rendered void.*

NEXT OF KIN

Name:	Relationship to you:
Address:	
	Mobile:
Day time Phone:	Evening Phone:

Please complete and return this form either by:

EMAIL groups@travel2u.co.nz

POST Travel 2U
PO Box 33339
Barrington
Christchurch 8244

