



TOUR ENROLMENT FORM

223 Angas Street, Adelaide
Box 7055, Hutt Street PO , Adelaide, South Australia 5000
Telephone +61 8 8223 1272 Facsimile +61 8 232 3690
Email: tours@wea-sa.com.au Website: www.wea-sa.com.au

Office Use

TITLE OF TOUR _____ Departure Date of Tour _____

I declare that I have read and understood the attached Tour Enrolment Conditions and I agree that the said Conditions and this Tour Enrolment Form shall constitute the entirety of the contractual relationship between myself and WEA Travel. I agree to be bound by and subject to the said conditions contained in the Tour Enrolment Conditions.

SIGNED _____ DATE _____

One name only per enrolment form.
All tour participants must sign above before tour deposit or tour fee is accepted.
Please send a photocopy of first page of passport (if you have one) with this form. Photocopy enclosed YES/NO

Have you travelled with WEA Tours before Yes/No

Please print name in full, as in passport or birth certificate if you do not yet have a passport.

Mr/Mrs/Miss/Ms _____
First Middle Surname

NICKNAME (if applicable) _____

ADDRESS ** _____ POSTCODE _____
** If you have a post office box address please also indicate a street address

PHONE (Work) _____ (Home) _____ (Mobile) _____ DATE OF BIRTH _____

OCCUPATION _____ EMAIL ADDRESS _____

NATIONALITY _____ PASSPORT NO. _____ EXPIRY DATE _____

If you are not a resident of South Australia, which capital city do you want to depart and return to? _____

MEDICAL Do you have any medical conditions or do you take any medication of which we should be aware? _____

DIETARY _____

SINGLE / DOUBLE / TWIN - I wish to share with _____

PAYMENT – A deposit is required to hold your place is this tour. Enclosed payment of \$ _____

CASH CHEQUE / MONEY ORDER
 BANKCARD / MASTERCARD / VISA (Please circle) NO: _____ / _____ / _____ / _____

CARDHOLDER'S NAME _____ EXP. DATE _____

CARDHOLDER'S SIGNATURE _____

Please return this form with your deposit or fee to WEA Travel