



Booking Form

223 Angas Street, Adelaide
 PO Box 7055 Hutt Street
 South Australia 5000
 Tel: +61 8 8223 1272
 Fax: +61 8 8232 3690
 Email: tours@wea-sa.com.au
 Website: www.wea-sa.com.au

Tour Title	
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Personal details (<u>full name as per passport</u>)		Client Booking Number:	
Title	Given Names	Surname	
Address		Suburb	State Post Code
Home Phone		Mobile	Work
Email		Fax	
Passport Number		Issue Date Expiry Date	Date of Birth
Nationality		Occupation	

Country of Birth	
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Please provide a colour photocopy of the front page of your passport with this booking form.

Emergency Contact Name		Relationship	
Address		Suburb	Postcode State
Home Phone		Mobile	Work

Room Requirements (please tick)	Single	Twin	Double *	Twin Share ** (Cannot be guaranteed)
		Sharing with?	Sharing with?	

* Double rooms are on request and cannot be guaranteed.
 ** Where possible we will match up single travellers wishing to share. Until such time the single supplement will be added to your account

Departure Airport		Return Airport	
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Details of any variations to the main tour you would like to make. (e.g. Airport other than Adelaide, extension to return date, meals, seat requests).

***Please note that any variation will incur an arrangement fee.
 Variations must be notified at least two weeks before the balance due date.***

Dietary Requirements			
Medical Information This information is confidential and will only be used by the WEA to assist in the delivery of our services <i>Should the WEA deem it necessary, you may be required to undergo a medical assessment at a designated practice to confirm your 'fitness to travel'</i>	Do you have any physical disabilities necessitating the use of a wheelchair, walking stick or other walking aid? If yes you MUST give details.		
	Do you have any physical or mental health issues? It is a condition of WEA Travel that you MUST disclose this information.		
	Will you be carrying any prescribed medication? If yes, please supply details- medication/dosage.		
	Do you consider yourself to be fit and able to fully undertake the proposed tour? YES / NO		
	Can you?		
	(i) Walk up and down several flights of stairs		YES / NO
	(ii) Carry/manage your own luggage (up & down stairs if necessary)		YES / NO
	(iii) Walk at least 4kms unaided		YES / NO
Please feel free to discuss any of these issues with the WEA Travel staff.			
Travel insurance details – Travel insurance is mandatory for all international WEA tour passengers. Please provide details of your policy or alternatively ask us for a quote.		Insurer:	
		Policy number:	
Declaration:			
I declare that I have read and understood the Terms and Conditions as laid out in the tour brochure. I agree that the said Terms and Conditions together with this Tour Booking Form shall constitute the entirety of the contractual relationship between me and WEA Travel.			
Signed: _____ Date: _____			
Important: All tour participants must sign the above before the deposit fee is accepted by WEA Travel.			
DEPOSIT: A \$1000 deposit is required to confirm your place on the tour. This payment must accompany your booking form. Payment can be made by: cheque <input type="checkbox"/> (made payable to WEA Travel) cash <input type="checkbox"/> or credit card <input type="checkbox"/> money order <input type="checkbox"/>			
MASTERCARD / VISA (Please circle) _____ / _____ / _____ / _____ Expiry date: _____			
Card Holder's name: _____			
In order for us to provide a better service please answer the following questions:			
1. Have you travelled with WEA Travel before? YES / NO			
2. Where did you hear about WEA Travel? WEA Course Guide (Messenger) / Website / Word of mouth / Radio Newspaper / Other – please specify _____			
3. If you have an email address may we contact you from time to time with special offers/newsletter etc? YES / NO			
4. Would you like to receive information on the free WEA Travel Club (meets bi-monthly) YES / NO			

OFFICE USE ONLY

Payment details	Amount	Date Paid	Receipt Number
Deposit			
Balance			
Other			
Other			