

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: <u>tours@wea-sa.com.au</u> Website: www.wea-sa.com.au

Tour Title

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		Date of B	irth		
				Expiry Date				
Nationality				Occupation				
Country of Birth								
Please p	rovide a	colour photocop	y of the front	page of your pas	ssport	with this b	booking form.	
Emergency Contact Name				Relationship				
Address				Suburb	Postcode S		State	
Home Phone Mobi			Mobile		Work			
Room		Single	Twin	Double *		Twin Share **		
Requireme (please ticl			Sharing with?	Sharing with?	(Cannot be guaranteed)			
 * 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					
	•		•	like to make. (e.g.	Airpor	t 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.								
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Dietary						
Requirements						
Medical Information	Do you have any physical disabilities necessitating the use of a wheelchair, walking stick or other walking aid? If yes you MUST give details.					
This information is confidential and will only be used by the WEA to assist in the delivery of our services	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.					
Should the WEA deem it necessary, you may be						
required to undergo a medical assessment at a designated practice to	Do you consider yourself to be fit and able to fully undertake the proposed tour? YES / NO Can you?					
confirm your 'fitness to travel'	(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.					
all international and strongly rec	Is – Travel insurance is mandatory for sommended for domestic WEA tour ils of your policy or alternatively ask us Policy number:					
Terms and Conditions togeth between me and WEA Trave						
Signed:	Date:					
	ticipants must sign the above before the deposit fee is accepted by WEA Travel. It is required to confirm your place on the tour. This payment must accompany your booking					
form. Payment can be made by: cheque \Box (made payable to WEA Travel) cash \Box or credit card \Box money order \Box						
MASTERCARD / VISA (Please circle)// Expiry date:						
Card Holder's name:						
 Have you travelled v Where did you hear a Nowananar (Other 	better service please answer the following questions: vith WEA Travel before? YES / NO about WEA Travel? WEA Course Guide (Messenger) / Website / Word of mouth / Radio - please specify address may we contact you from time to time with special offers/newsletter etc? YES / NO					
	address may we contact you from time to time with special offers/newsletter etc? YES / NO eccive information on the free WEA Travel Club (meets bi-monthly) YES / NO					
	OFFICE USE ONLY					

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Amount	Date Paid	Receipt Number	
	Amount	Amount Date Paid	