

TRAVEL INFORMATION & BOOKING FORM

TOUR #		DEPARTURE DATE:	
NAME/S			
POSTAL ADDRESS			
DATE OF BIRTH			MOBILE
EMAIL ADDRESS			
ANY MEDICAL DIETARY REQUIREMENTS?	YES / NO	If YES, please provide full details:	
ANY KNOWN ALLERGIES? eg Bee Stings Penicillin	YES / NO	If YES, please provide full details:	
ANY KNOWN MEDICAL CONDITIONS? eg Angina	YES / NO	If YES, please provide full details:	
ARE YOU TAKING ANY MEDICATION?	YES / NO	If YES, please provide full details:	
IF YES TO THE ABOVE	PLEASE ENSURE THAT YOUR MEDICATION IS CARRIED IN YOUR HAND LUGGAGE AND WITH YOU AT ALL TIMES		
OTHER	Please note any other information that you believe is relevant		
NEXT OF KIN NAME			
NEXT OF KIN ADDRESS			
NEXT OF KIN CONTACT TELEPHONE NUMBER			

INSURANCE

Insurance Company			
Contact Telephone		Policy Number	

This information is private and confidential and will only be used when and where necessary.

Signature _____ Date _____