**1. PASSENGER DETAILS 1. PASSENGER DETAILS**

**PUKEKOHE TRAVEL TOUR BOOKING FORM**



**Akaroa and high country gardens**

**31 October – 07 November 2022**

**PH 09 237 0013 – 0800 785 386 - email:** [**gail@pukekohetravel.nz**](mailto:gail@pukekohetravel.nz)

**89 King Street 2120 - PO Box 313 Pukekohe 2340**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PASSENGER ONE:  Title: (Please circle) Mr / Mrs / Ms / Miss  First Name: (as per passport)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Surname: (as per passport) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Preferred name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:  Postcode:  Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_  Special Dietary Requirements \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Air New Zealand Airpoints # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | PASSENGER TWO:  Title: (Please circle) Mr / Mrs / Ms / Miss  First Name: (as per passport)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Surname: (as per passport) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Preferred name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address  Postcode:  Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_  Special Dietary Requirements \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Air New Zealand Airpoints # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **2. EMERGENCY CONTACT**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **2. EMERGENCY CONTACT**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **3. ROOM TYPE** | | Double □ | | | | Twin □ | | Single□ | |
| **4. RETURNING FLIGHT** | Auckland □ | | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Please note there may be a surcharge | | | | | | |
| **5. CANCELLATION INSURANCE QUOTE REQUIRED** □ YES □ NO | | | | | | | | | |
| **6.** **HEALTH AND FITNESS – I confirm that I have read the “Health” statement on the back page of the brochure** | | | | | | | | | □ YES |
| **7. I confirm I am fully vaccinated and if required I am able to provide a copy of the Ministry of Health Vaccine Record Card with proof of my full Covid-19 vaccination.** | | | | | | | | | □ YES |
| **8. WHERE DID YOU HEAR ABOUT THIS TRIP** □ Newsletter □ Website □ Referral □ Herald □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| **9. PREVIOUS PUKEKOHE TRAVEL TOUR CLIENT** | | | | | | | □ YES | □ NO | |
| **10. PAYMENT DETAILS:**  **A non-refundable deposit of $300 per person is enclosed** | | | | | **Full payment is due by 12 September 2022** | | | | |
| **11. PAYMENT MADE BY: CASH**□**DIRECT CREDIT** □  For Direct credit payment please use: Your Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and **AKAROA** as the reference.  **BNZ Bank Account 02-0404-0199298-00**  **Credit Card - *If payment is by credit card please add 2% surcharge***  ***To pay by credit card please phone the office 0800 785 386*** | | | | | | | | | |
| **12. CONFIRMATION**  I agree that the above details are correct and I read and understand the conditions Pukekohe Travel have stated in their terms and conditions on their brochure.  **Note:**   1. *Itinerary subject to change.* 2. *Pukekohe Travel reserves the right to refuse any booking at their sole discretion and return any deposit received.* 3. *Pukekohe Travel assumes no liability for any loss or damage as a result of an Act of God or any other force majeure condition including, but not limited to, volcanic disruption, earthquake, low or high water levels, flood, tropical storms, hurricanes or pandemics.* 4. *We wish to assure you that we take every care with your personal information recorded on this booking form. Rest assured this information will not be sold or distributed to a third party.* 5. *Pukekohe Travel reserves the right to correct errors and omissions contained within this brochure without recourse.*   I agree that the above details are correct and I read and understand the conditions Pukekohe Travel have stated in their terms and conditions on their brochure. I understand the full terms and conditions are available on the Pukekohe Travel website at <https://www.pukekohetravel.co.nz/terms-conditions> | | | | | | | | | |
| **PASSENGER ONE:**  Date:\_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_  Signature: | | | | **PASSENGER TWO:**  Date: \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_  Signature: | | | | | |
| **OFFICE USE ONLY:**  Date Deposit Payment   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  |  |  |  |   Insurance policy #  Notes: | | | | | | | | | |

May 2022