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

**PUKEKOHE TRAVEL TOUR BOOKING FORM**



**Cook Islands Masterclass Tour**

**16 – 23 October 2021**

**PH 09 237 0013 – 0800 785 386 - email:** **gail@pukekohetravel.nz**

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

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| PASSENGER ONE: Title: (Please circle) Mr / Mrs / Ms / MissFrist Name: (as per passport)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Surname: (as per passport) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: POST CODEHome Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_Singapore Airlines Kris Flyer number:­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Special Dietary Requirements \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PASSENGER TWO: Title: (Please circle) Mr / Mrs / Ms / MissFirst Name: (as per passport)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Surname: (as per passport) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address POST CODEHome Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_Singapore Airlines Kris Flyer number:­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Special Dietary Requirements \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Insurance Quote | □ YES | □ NO | Insurance Quote | □ YES | □ NO |
| Pre-Existing Medical Condition | □ YES | □ NO | Pre-Existing Medical Condition | □ YES | □ NO |
| **2. PASSPORT DETAILS (PLEASE ENCLOSE COPY)**Passport Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Issue: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_Expiration Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ | **2. PASSPORT DETAILS (PLEASE ENCLOSE COPY)** Passport Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Issue: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_Expiration Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
| **3. EMERGENCY CONTACT**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **3. EMERGENCY CONTACT**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **4. ROOMING TYPE** Please select your preferred room type: □ **BEACHFRONT STUDIO VILLA (ONLY ONE)** □ **PREMIUM GARDEN VILLA** □ **DOUBLE** □ **SINGLE** □ **TWIN**   |
| **5. NZ DOMESTIC FLIGHT CONNECTION**   | □ YES | □ NO |
| **6. EXTRA TRAVEL ARRANGEMENTS** | □ YES  | □ NO |
| **7. WHERE DID YOU HEAR ABOUT THIS TRIP** □ Newsletter □ Website □ Referral □ Herald □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **8. PREVIOUS PUKEKOHE TRAVEL INTERNATIONAL TOUR CLIENT**  | □ YES  | □ NO  |
| **9. PAYMENT DETAILS:** **A non-refundable deposit of $300 per person is enclosed** | **Full payment is due by 27 August 2021** |
| **10. PAYMENT MADE BY: CASH**□**CHEQUE**□**CREDIT CARD** □ **DIRECT CREDIT** □For Direct credit payment please use: Your Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and masterclass as the reference.**BNZ Bank Account 02-0404-0199298-00****Credit Card - *If payment is by credit card please add 2% surcharge*** |
| **11. 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. *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.*
4. *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.*
5. *Pukekohe Travel reserves the right to correct errors and omissions contained within this brochure without recourse.*
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| **PASSENGER ONE:** Date:\_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_Signature:  | **PASSENGER TWO:** Date: \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_Signature:  |
|  **OFFICE USE ONLY:**Date Deposit Payment

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Insurance policy #Notes:  |

June 2021