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

**PUKEKOHE TRAVEL TOUR BOOKING FORM**



**Flying by DC-3 charter - Bay of ISlands Escape**

**24 – 26 October 2020**

**PH 09 237 0013 – 0800 785 386 - email:** [**rebecca@pukekohetravel.nz**](mailto:rebecca@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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **2. EMERGENCY CONTACT**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **2. EMERGENCY CONTACT**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **3. ROOM TYPE** | Double □ | | | Twin □ | | | Single□ |
| **4. CANCELLATION TRAVEL INSURANCE QUOTE REQUIRED** □ YES □ NO | | | | | | | |
| **5.EXTRA TRAVEL ARRANGEMENTS** □ YES □ NO | | | | | | | |
| **6. WHERE DID YOU HEAR ABOUT THIS TRIP?** □ Newsletter □ Website □ Referral □ Herald □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **7. PREVIOUS PUKEKOHE TRAVEL TOUR CLIENT** | | | | | □ YES | | □ NO |
| **8. INVOICE OPTION**  **A) Are you paying on behalf of your travelling companion** □ YES□ NO  **B) This is a surprise trip for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |  | |
| **9. HEALTH AND FITNESS – I confirm that I have read the “Health” statement on the back page of the brochure** | | | | | | □ YES | |
| **10. PAYMENT DETAILS:**  **A non-refundable deposit of $300 per person is enclosed** | | | **Full payment is due by 11 September 2020** | | | | |
| **11. PAYMENT MADE BY: CASH**□**CHEQUE**□**DIRECT CREDIT** □  For Direct credit payment please use: Your Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DC3 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 or hurricanes.* 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.* | | | | | | | |
| **PASSENGER ONE:**  Date:\_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_  Signature: | | **PASSENGER TWO:**  Date: \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_  Signature: | | | | | |
| **OFFICE USE ONLY:**  Date Deposit Payment   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  |  |  |  | |  |  |  |  |   Insurance policy #  Notes: | | | | | | | |

February 2020