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

**PUKEKOHE TRAVEL TOUR BOOKING FORM**



**Fiji Cruise onboard M.V Fiji Princess**

**19 – 26 August 2022**

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

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PASSENGER ONE:  Title: (Please circle) Mr / Mrs / Ms / Miss  Frist Name: (as per passport)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Surname: (as per passport) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Preferred name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:  POST CODE  Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_  Air NZ airpoints Flyer number:­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Special Dietary Requirements \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | PASSENGER TWO:  Title: (Please circle) Mr / Mrs / Ms / Miss  First Name: (as per passport)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Surname: (as per passport) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Preferred name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address  POST CODE  Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_  Air NZ airpoints 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:  **Hibicus** □ **DOUBLE** □ **TWIN** □ **SINGLE**  **Orchid** □ **DOUBLE** □ **SINGLE** □ **TWIN** | | | | | | | | | | | |
| **6. FLIGHT CLASS PREFERENCE** | | □ Economy | | | | □ Premium Economy □ Business  (Please call for pricing) | | | | | |
| **7. NZ DOMESTIC FLIGHT CONNECTION** | | | | □ YES | | □ NO | | | | | |
| **9. EXTENSION TO STAY IN FIJI FOR 3 NIGHTS** | | | | □ YES | | □ NO | | | | | |
| **10. 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 | |
| **11. WHERE DID YOU HEAR ABOUT THIS TRIP** □ Newsletter □ Website □ Referral □ Herald □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **11. PREVIOUS PUKEKOHE TRAVEL INTERNATIONAL TOUR CLIENT** | | | | | | | | □ YES | | □ NO | |
| **12. PAYMENT DETAILS:**  **A non-refundable deposit of $1000 per person is enclosed** | | | | | | | **Full payment is due by 19 June 2022** | | | | |
| **13. PAYMENT MADE BY: CASH**□**CREDIT CARD** □ **DIRECT CREDIT** □  For Direct credit payment please use: Your Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and Fiji as the reference.  **BNZ Bank Account 02-0404-0199298-00**  **Credit Card - *If payment is by credit card please add 2% surcharge*** | | | | | | | | | | | |
| **14. 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.*   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 # | | | | | | | | | | | |

March 2022