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

**PUKEKOHE TRAVEL TOUR BOOKING FORM**



**Jewel Cruise fiordland**

**29 May – 06 June 2021**

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

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

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| PASSENGER ONE: Title: (Please circle) Mr / Mrs / Ms / MissFirst Name: (as per passport)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Surname: (as per passport) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_Air NZ Airpoints number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Special Dietary Requirements \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PASSENGER TWO: Title: (Please circle) Mr / Mrs / Ms / MissFirst Name: (as per passport)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Surname: (as per passport) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AddressHome Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_Air NZ Airpoints number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Special Dietary Requirements \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Insurance Quote Required | □ YES | □ NO | Insurance Quote Required | □ 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **3. EMERGENCY CONTACT**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **4. CABIN/ROOM TYPE** Please select your preferred room type: □ **DOUBLE** (two people per room, double bed) □ **TWIN** (two people per room, separate beds)  | □ **SINGLE** (guarantees you your own room) □ **SINGLE SHARE**(Please match me with another passenger of the same gender. I understand this cannot be guaranteed and if not available I will need to pay the single price.)  |
| **CABIN CATEGORY Governor Suite (1 only )** □ | **Captain Cook (4 only)** □ **Endeavour (2 only)** □ | **Bunk Room (1 only)** □ |
| **5. OPTION TO EXTEND YOUR TRIP**   | □ YES  | □ NO |  |
| **6. FLIGHT**   | □ Auckland | □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **7. EXTRA TRAVEL ARRANGEMENTS** | □ YES  | □ NO |
| **8. WHERE DID YOU HEAR ABOUT THIS TRIP**  |
| **9. PREVIOUS PUKEKOHE TRAVEL TOUR CLIENT**  | □ YES  | □ NO  |
| **10. HEALTH AND FITNESS – I confirm that I have read the “Health” statement on the back page of the brochure** | □ YES  |
| **11. PAYMENT DETAILS:** **A non-refundable deposit of $1000 per person is enclosed** | **Full payment is due by 10 April 2021** |
| **12. PAYMENT MADE BY: CASH**□**CHEQUE**□**CREDIT CARD** □ **DIRECT CREDIT** □For Direct credit payment please use: Your Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and FIORD JEWL3 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 with your details*** |
| **13. 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.*
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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:  |

 July 2020