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

**PUKEKOHE TRAVEL TOUR BOOKING FORM**



**HIGH COUNTRY AND FAREWELL SPIT**

**23 - 30 March 2021**

**PH 09 237 0013 – 0800 785 386 - email:** **mary@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. EMERGENCY CONTACT**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **2. EMERGENCY CONTACT**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **3. 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.)  |
| **4. FLIGHT**   | □ Auckland | □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **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. HEALTH AND FITNESS – I confirm that I have read the “Health” statement on the back page of the brochure** | □ YES  |
| **9. PAYMENT DETAILS:** **A non-refundable deposit of $500 per person is enclosed** | **Full payment is due by 12 February 2021** |
| **10. PAYMENT MADE BY: CASH**□**CHEQUE**□**CREDIT CARD** □ **DIRECT CREDIT** □For Direct credit payment please use: Your Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and High Country 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*** |
| **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. *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.*
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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