

BOOKING FORM

Name of Tour or Retreat :

Dates of Tour or Retreat :

A Your details

GUEST 1

Your title (Ms, Mrs, Mr, Dr) : Your full name (as it appears on your passport):

Preferred first name:

dd/mm/yyyy

Date of Birth:

Postal Address:

State:

Postcode:

Phone:

()

Mobile:

Name and contact number of next of kin (emergency contact only):

Relationship to you:

While I am traveling I will be celebrating the following occasion:

dd/mm/yyyy Birthday Date: dd/mm/yyyy Anniversary Date:

Another special event:

dd/mm/yyyy Date:

Please specify occasion:

ROOMING PREFERENCES

I am travelling: ☐ on my own ☐ with a friend or family member

Name of friend or family member (if not guess 2)

Preferred Room Arrangements

Single ☐

Twin ☐

Double ☐

B Your special requirements

MEAL REQUIREMENTS/ALLERGIES

Please indicate below if you have any special dietary requirements. We will take this into account when arranging meals during the Tour/Retreat.

GUEST 1

☐ I do not have any specific dietary requirements or allergies

☐ I have the following specific dietary requirements/allergies

MEDICAL CONDITIONS

Please indicate below if you have any serious health issue that may affect your physical capacity to undertake some activities on the Tour/Retreat, or any conditions which may need to be considered by the Tour/Retreat director during the Tour/Retreat.

GUEST 1

☐ I have no specific medical condition that Vivid Tours International needs to know about.

☐ Vivid Tours International needs to know about the following medical condition(s).

GUEST 2

Your title (Ms, Mrs, Mr, Dr): Your full name (as it appears on your passport):

Preferred first name:

dd/mm/yyyy

Date of Birth:

Postal Address:

State:

Postcode:

Phone:

()

Mobile:

Name and contact number of next of kin (emergency contact only):

Relationship to you:

While I am traveling I will be celebrating the following occasion:

dd/mm/yyyy Birthday Date: dd/mm/yyyy Anniversary Date:

Another special event:

dd/mm/yyyy Date:

Please specify occasion:

ROOMING PREFERENCES

I am travelling: ☐ on my own ☐ with a friend or family member

Name of friend or family member

Preferred Room Arrangements

Single ☐

Twin ☐

Double ☐

GUEST 2

☐ I do not have any specific dietary requirements or allergies

☐ I have the following specific dietary requirements/allergies

GUEST 2

☐ I have no specific medical condition that Vivid Tours International needs to know about.

☐ Vivid Tours International needs to know about the following medical condition(s).

BOOKING FORM

MEDICAL INFORMATION

Our tours and retreats do require some physical exertion, please answer the following questions to enable us to assist you in having the best Tour/Retreat possible.

GUEST 1

- ☐ Level 1.
You are unable to walk on uneven surfaces unaided. You require assistance getting on an off various modes of transport.
- ☐ Level 2.
You are able to walk on uneven surfaces unaided and you do not need any foreseen assistance though out the Tour/Retreat
- ☐ Level 3.
You are able to walk on uneven surfaces unaided and enjoy activities that require more strenuous exercise.

GUEST 2

- ☐ Level 1.
You are unable to walk on uneven surfaces unaided. You require assistance getting on an off various modes of transport.
- ☐ Level 2.
You are able to walk on uneven surfaces unaided and you do not need any foreseen assistance though out the Tour/Retreat
- ☐ Level 3.
You are able to walk on uneven surfaces unaided and enjoy activities that require more strenuous exercise.

C Travel Conditions

We strongly recommend that at the time of your deposit you purchase a comprehensive travel insurance policy of your choice. We can recommend a comprehensive policy with a reputable insurer if required. Please note that passengers without travel insurance will not be eligible to join the Tour/Retreat.

Please advise of your Travel Insurance Policy details if available.

☐ Check box if you will provide travel Insurance details at a later date.

Please advise of your Travel Insurance Policy details if available.

☐ Check box if you will provide travel Insurance details at a later date.

GUEST 1

Company

Policy Number

dd/mm/yyyy
Date of Issue

GUEST 2

Company

Policy Number

dd/mm/yyyy
Date of Issue

D Your acceptance of booking conditions

PLEASE READ CAREFULLY AND SIGN BELOW DEPOSITS

A deposit of AUD \$1,500 per person is required to confirm your booking on a Tour/Retreat. Final payment of the Tour/Retreat fee will be due 90 days before the commencement of the Tour/Retreat. Where bookings are made less than 90 days before the commencement of the Tour/Retreat full payment must be made at the time of booking.

E Deposits

A non-refundable AUD \$1,500 deposit is required for each person listed on this booking form. Please indicate which method you have chosen to pay your deposit.

Vivid Tours International will confirm your reservation to you by email on receipt of your deposit payment and will issue you an Invoice for the remainder of the balance

Number of passengers: Amount of deposit: AUD\$

EFT ☐ please provide surname as a reference.

Bank deposit ☐ please provide surname as a reference.

Cheque ☐

Pay Pall ☐

F Send

Please send your completed booking form via post or email it to us:

Email: bookings@vividtoursinternational.com.au

Post :
Vivid Tours International
PO Box 310 Byron Bay NSW 2481

Paid directly by cheque
(Please make cheques payable to Vivid Tours International pty. Ltd).

Amount: AUD\$ dd/mm/yyyy
Date

G Your Acceptance of booking conditions

I/we accept the Terms and Conditions of this booking form.

dd/mm/yyyy
Date:

Signature:

Additional booking forms can be downloaded from our website www.vividtoursinternational.com.au

Vivid Tours International Pty. Ltd. ACN 602 837 285 www.vividtoursinternational.com.au Ph +61 2 66854 557