

BOOKING FORM

TOUR NAME: _____

DEPARTURE DATE: _____

This form is to be completed by each individual travelling and submitted with your deposit. Please print your details clearly using BLOCK LETTERS. Names that appear on this booking form are used for ticketing purposes and therefore MUST appear exactly as per passports. Any errors in names will incur ticket reissue fees which are at passengers' own expense. Return with a copy of the photo page of your passport.

PERSONAL INFORMATION - PASSENGER 1

Title: _____ First/Middle Name: _____

Last Name: _____

Preferred name on tour badge: _____

Home Address: _____

City/State: _____ Postcode: _____

Phone (Home): _____ Mobile: _____

Personal Email: _____

PASSPORT AND FREQUENT FLYER INFORMATION

Name shown on passport: _____

Passport No: _____ Issue Date: _____ Expiry Date: _____

Date of Birth: _____ Nationality: _____

Airline Preference: _____

Frequent Flyer No: _____ Frequent Flyer No: _____

Seat Preference: _____ Meal Preference: _____

SPECIAL REQUIREMENTS *(you will be advised if we cannot meet your request)*

Please advise your preference cabin/room: _____

I am a solo traveller and want to share: Yes No

I want to arrange a single supplement: Yes No

Please advise of dietary requirements: _____

Please advise of mobility/medical condition: _____

EMERGENCY CONTACT *(i.e.: the person to contact in the event of an emergency while you are away)*

Complete Name: _____ Relationship: _____

Mobile Phone: _____ Email: _____

PERSONAL INFORMATION - PASSENGER 2

Title: _____ First/Middle Name: _____

Last Name: _____

Preferred name on tour badge: _____

Home Address: _____

City/State: _____ Postcode: _____

Phone (Home): _____ Mobile: _____

Personal Email: _____

PASSPORT AND FREQUENT FLYER INFORMATION

Name shown on passport: _____

Passport No: _____ Issue Date: _____ Expiry Date: _____

Date of Birth: _____ Nationality: _____

Airline Preference: _____

Frequent Flyer No: _____ Frequent Flyer No: _____

Seat Preference: _____ Meal Preference: _____

SPECIAL REQUIREMENTS *(you will be advised if we cannot meet your request)*

Please advise your preference cabin/room: _____

I am a solo traveller and want to share: Yes No

I want to arrange a single supplement: Yes No

Please advise of dietary requirements: _____

Please advise of mobility/medical condition: _____

EMERGENCY CONTACT *(i.e.: the person to contact in the event of an emergency while you are away)*

Complete Name: _____ Relationship: _____

Mobile Phone: _____ Email: _____

PAYMENT OPTIONS



BOOKING REFERENCE: _____

DEPARTURE DATE: _____

PASSENGER'S NAMES: _____

To secure your booking, we accept payment by bank transfer or credit card over the phone. See details below. Please read the terms and conditions clubwyndhamsp.com/travel-club-terms-and-conditions. Please print your details clearly using BLOCK LETTERS

☐ I/We will pay by DIRECT DEPOSIT to your nominated account.

To: Travel by Wyndham Pty Ltd Trust Account HSBC
BSB: 342 011 Account: 610144003

- *Please use your trip file number or your surname as a deposit reference.
- *Please ensure funds are available in our account by the booking due date.

☐ I/We will pay using our CREDIT CARD.

To avoid any risks we will call you to obtain your credit card details.

*Please advise the best time/s to call: _____

*Best number to contact you on: _____

☐ I agree to be responsible for all charges to my Card Account authorised by myself or an authorised individual via phone.

Please note that payments made by Visa, MasterCard and American Express have a maximum charge limit of \$20,000 per booking.

TRAVEL INSURANCE:

It is recommended that you have travel insurance to make any claims that may occur for any cancellation you may endure, from the time of booking to completion and return to your home. If you decide not to hold insurance, costs associated with any emergencies, health issues and cancellations will need to be covered by you. This includes cancellation of a tour booking deposit. We recommend you obtain appropriate information before making your decision on whether to obtain or not to obtain travel insurance.

Would you like us to provide you with a Travel Insurance quote? ☐ Yes ☐ No

☐ I/We do not wish to take out travel insurance cover

☐ I confirm that I accept Travel Club by Travel + Leisure's terms and conditions for my holiday as well as the terms and conditions of any travel supplier included in my itinerary. clubwyndhamsp.com/travel-club-terms-and-conditions

Full Name

Signature

**** Travel Insurance is strongly recommended for domestic and international travel. It is recommended to purchase this at time of deposit. Let us assist with a quote.**
Travel Club by Travel + Leisure Contact Numbers: 1 300 629 027 (AU) | 0800 850 160 (NZ) | 008 003 263 (FJ) Email: travelclub@travellandleisure.com
Address: Box 7493 Gold Coast Mail Centre Qld 9726 Australia Travel by Travel + Leisure Pty Ltd ABN 71 090 106 077 | IATA No. 02356141