



Booking Form

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 South Australia 5000
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 Fax: +61 8 8232 3690
 Email: tours@wea-sa.com.au
 Website: www.wea-sa.com.au

| | |
|-------------------|--|
| Tour Title | |
|-------------------|--|

| Personal details (<u>full name as per passport</u>) | | Client Booking Number: | | |
|---|-------------|------------------------|---------------|-----------|
| Title | Given Names | Surname | | |
| Address | | Suburb | State | Post Code |
| Home Phone | | Mobile | Work | |
| Email | | Fax | | |
| Passport Number | | Issue Date | Date of Birth | |
| | | Expiry Date | | |
| Nationality | | Occupation | | |

| | |
|------------------|--|
| Country of Birth | |
|------------------|--|

Please provide a colour photocopy of the front page of your passport with this booking form.

| | | | | |
|------------------------|--|--------------|----------|-------|
| Emergency Contact Name | | Relationship | | |
| Address | | Suburb | Postcode | State |
| Home Phone | | Mobile | Work | |

| Room Requirements (please tick) | Single | Twin | Double * | Twin Share ** (Cannot be guaranteed) |
|---------------------------------|--------|---------------|---------------|---|
| | | Sharing with? | Sharing with? | |

* Double rooms are on request and cannot be guaranteed.
 ** Where possible we will match up single travellers wishing to share. Until such time the single supplement will be added to your account

| | | | |
|-------------------|--|----------------|--|
| Departure Airport | | Return Airport | |
|-------------------|--|----------------|--|

Details of any variations to the main tour you would like to make. (e.g. Airport other than Adelaide, extension to return date, meals, seat requests).

***Please note that any variation will incur an arrangement fee.
 Variations must be notified at least two weeks before the balance due date.***

| | |
|---|---|
| Dietary Requirements | |
| Medical Information This information is confidential and will only be used by the WEA to assist in the delivery of our services <i>Should the WEA deem it necessary, you may be required to undergo a medical assessment at a designated practice to confirm your 'fitness to travel'</i> | Do you have any physical disabilities necessitating the use of a wheelchair, walking stick or other walking aid? If yes you MUST give details. |
| | Do you have any physical or mental health issues? It is a condition of WEA Travel that you MUST disclose this information. |
| | Will you be carrying any prescribed medication? If yes, please supply details- medication/dosage. |
| | Do you consider yourself to be fit and able to fully undertake the proposed tour? YES / NO |
| Can you? | |
| (i) Walk up and down several flights of stairs | YES / NO |
| (ii) Carry/manage your own luggage (up & down stairs if necessary) | YES / NO |
| (iii) Walk at least 4kms unaided | YES / NO |
| Please feel free to discuss any of these issues with the WEA Travel staff. | |
| Travel insurance details – Travel insurance is mandatory for all international and strongly recommended for domestic WEA tour passengers. Please provide details of your policy or alternatively ask us for a quote. | Insurer: Policy number: |
| COVID19- Full vaccination is mandatory and proof should be available upon request during travel. | Valid From Date : _____ Proof of Vaccination must be supplied to WEA Tours with Booking Form |
| <u>Declaration:</u> I declare that I have read and understood the Terms and Conditions as laid out in the tour brochure. I agree that the said Terms and Conditions together with this Tour Booking Form shall constitute the entirety of the contractual relationship between me and WEA Travel. Signed: _____ Date: _____ <i>Important:</i> All tour participants must sign the above before the deposit fee is accepted by WEA Travel. | |
| DEPOSIT: A \$1000 deposit is required to confirm your place on the tour. This payment must accompany your booking form. Payment can be made by: cheque <input type="checkbox"/> (made payable to WEA Travel) cash <input type="checkbox"/> or credit card <input type="checkbox"/> money order <input type="checkbox"/> MASTERCARD / VISA (Please circle) _____ / _____ / _____ / _____ Expiry date: _____ Card Holder's name: _____ | |
| In order for us to provide a better service please answer the following questions: 1. Have you travelled with WEA Travel before? YES / NO 2. Where did you hear about WEA Travel? WEA Course Guide (Messenger) / Website / Word of mouth / Radio Newspaper / Other – please specify _____ 3. If you have an email address may we contact you from time to time with special offers/newsletter etc? YES / NO 4. Would you like to receive information on the free WEA Travel Club (meets bi-monthly) YES / NO | |

OFFICE USE ONLY

| Payment details | Amount | Date Paid | Receipt Number |
|----------------------------|--------------|--------------------|-------------------|
| Deposit | | | |
| Balance | | | |
| Other | | | |
| Sighted Vaccination | Date: | Staff Name: | Signature: |