

QUADRANT AUSTRALIA

BOOKING FORM

To reserve your place on this tour please complete and sign this form (block letters in black ink) then return it to Quadrant Australia Pty Ltd

PERSONAL DETAILS (FULL NAME AS PER PASSPORT)

Surname: _____
 Title: _____
 Telephone: _____
 Postal Address: _____
 Postcode: _____
 Full Name of Travelling Companion: _____

PASSPORT DETAILS

IMPORTANT: You will need to supply a scanned copy of your passport before departure.

Passport No: _____ Nationality: _____
 Date of Birth: _____ Gender: Male Female
 Issue Date: _____ Expiry Date: _____
 Country of Issue: _____

FLIGHT DETAILS

Seat Class: _____ Departure city in Australia: _____
 Economy Business
 Premium Economy (if applicable)
 Frequent Flyer Number: _____ Airline: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____
 Telephone: _____ Mobile: _____

PAYMENT DETAILS

Cheque Payable to: Quadrant Australia Pty Ltd
 Post to: Quadrant Australia
 PO Box 536, COFFS HARBOUR NSW 2459

Credit Card Visa Mastercard
 Card Number:

Expiry Date:
 Cardholder Name: _____
 Name / Business Name for Your Invoice: _____

AGREEMENT / DECLARATION

I have read, understood and agree to the booking conditions outlined with the itinerary for this tour.

Signature: _____ Date: _____
 How did you find out about us? (this helps us with better advertising)

TOUR NAME: **ALPA Calgary Stampede and Western Canada**
 TOUR CODE: **A20618**
 DEPARTURE DATE: **8 July 2018**
 BOOKING OPTIONS: * Main Tour Land Only
 Extension Tour (if applicable)

ONE FORM PER PERSON

Given Names: _____
 Preferred Name: _____
 Mobile: _____
 Email: _____
 Preferred Contact Method: Email Post Telephone
 Relationship to Travelling Companion: _____

TRAVEL INSURANCE

Do you require Travel Insurance? Yes No
 If Travel Insurance has been taken out separately please advise:
 Insurance Company: _____
 Policy No: _____
 Emergency Contact No: _____

ACCOMMODATION

Rooming Details: Single Single but willing to share
 Double Twin (2 beds)
 If twin / double sharing with: _____

PERSONAL REQUIREMENTS AND WELLBEING

Dietary / allergies: _____
 Mobility / disabilities: _____

Direct Deposit Quadrant Australia Trust Account
 BSB: 082-407 Account Number: 560 291 248
 Reference: **A20618** and your surname

Processing Charges Apply: PLUS 1.0 % Visa & Mastercard
 Credit card transaction will show on your statement as Quadrant Australia.

CCV Number:

Cardholder Signature


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 www.quadrantaustralia.com

 [Instagram.com/QuadrantAustralia](https://www.instagram.com/QuadrantAustralia)

 [Facebook.com/quadrantaust](https://www.facebook.com/quadrantaust)

 Australia wide 1300 301 128

 bookings@quadrantaustralia.com

 02 6651 1722 (fax)

Were you referred to Quadrant (or this tour) by a past passenger?
 If so could you please advise their name/s