

CLIENT BOOKING FORM

Super Sea Scoot 2019

One form per passenger required

PASSENGERS DETAILS – EXACTLY AS PER PASSPORT

TITLE: (please circle) MR MRS MISS MS MAST

SURNAME: _____ FIRST NAME: _____

MIDDLE NAME: _____ PREFERRED NAME: _____

DOB: _____ HOME PHONE: _____ MOBILE: _____

POSTAL ADDRESS: _____

TOWN: _____ STATE: _____ POSTCODE: _____

EMAIL: _____

EMERGENCY CONTACT DETAILS

NAME: _____ CONTACT NO: _____

RELATIONSHIP TO YOU: _____

OTHER

Type of Cabin: INSIDE / OUTSIDE / BALCONY / SUITE

Bedding arrangement for cabin: SINGLE / TWIN / DOUBLE / TRIPLE / QUAD

Please note we cannot arrange for you to share with unknown passengers, cabin must be full at time of booking

Please list names of other passengers you are sharing with:

Past Passenger? YES / NO Who is your regular line dance instructors? _____

Travel insurance is advised do you require a quote from us for this booking? YES or NO (please circle)

Dietary Requirements: _____

Medical Conditions: _____

At times Princess will offer upgrades. Please be aware that Chris Watson Travel Partners is not in control of this and once changed cannot be reversed. Are you open to an upgrade offer? YES or NO (please circle)

DEPOSIT

A non-refundable deposit is due at the time of booking, amount varies depending on type of stateroom booked.

EFT (we will send bank details once form received) / **Cheque** (Chris Watson Travel Partners, post to address at bottom of page)

Credit Card (If paying by credit card please request a credit card authorisation form. Credit card fees apply)

SIGNATURE:

By signing and returning this form you accept and agree to all terms, conditions and non-refundable deposit and cancellation fees as outlined on our website chriswatsontravel.com.au

Please return to;

Chris Watson Travel Partners, PO Box 3222 West Tamworth NSW 2340 E: gemma@chriswatsontravel.com.au