

ULTIMATE CROATIA BOOKING FORM 2019

PASSENGER 1

PERSONAL DETAILS

Title Mr Mrs Ms Miss Dr

Date of Birth:

First Name (as per passport)

Middle Name (as per passport)

Surname (as per passport)

Preferred name for name badge :

PASSENGER 2

PERSONAL DETAILS

Title Mr Mrs Ms Miss Dr

Date of Birth:

First Name (as per passport)

Middle Name (as per passport)

Surname (as per passport)

Preferred name for name badge :

Address

Postal address (if different from above)

Suburb

State

Postcode

Home Ph

Work Ph

Mob

Fax

Email

Are you traveling with others? If so, please advise names:

EMERGENCY CONTACT

Name

Relationship

Home Ph

Mob Ph

Email

Emirates TRAVEL CLASS

(please tick one)

Economy

Mixed Class

Business

First

TRAVELING FROM

(please tick one)

Brisbane

Sydney

Melbourne

Adelaide

Emirates FREQUENT FLYER

Number Guest 1:

Number Guest 2:

PREFERRED FLIGHT SEATING

Please Circle Your Preferred Seat For Flights

<Window> **A B C** <aisle> **D E F G** <aisle> **H J K** <Window>**Please note this is a SEAT REQUEST ONLY and the Airline reserves the right to remove or change your seat at anytime.****MEAL REQUEST**

Diabetic

Gluten Free

Low fat

Hallal

Vegetarian
With dairyVegetarian
Without dairy

Allergy (details)

ROOM BEDDING

Double

Twin

Single

TRAVEL INSURANCE (please tick)

- I accept Dream Maker Travel's COVERMORE Insurance, so please Issue my Policy
- I will use my Credit Card Policy which I understand has limitations
- I will use an alternative Insurance Policy which I understand has limitations
- I will depart Australia without Travel Insurance at my own risk

MEDICAL**Do I have a Existing Medical Condition?**

Any physical defect, condition, illness or disease for which treatment, medication or advice (Including investigation) has been received or prescribed by a medical or dental advisor

OR

Any chronic or ongoing (whether chronic or otherwise) medical or dental condition, illness or disease medically documented.

- Yes I, _____ have a Existing Medical Condition
- No I, _____ do not have a Existing Medical Condition

Do I want to cover my Existing Medical Condition on my Travel Insurance?

- Yes I, _____ want cover, and I understand that additional costs may Apply.
- No I, _____ do not want to cover my Existing Medical Condition and I will depart Australia without it at my own risk.
- I, _____ Have Checked the PDS and my Existing Medical Condition is automatically covered under my policy.

PRE AND POST CRUISE ADDITIONAL ARRANGEMENTS

SPECIAL OCCASIONS DURING THE TRIP (e.g. BIRTHDAY, ANNIVERSARY)

Please write date and occasion:

A PHOTOCOPY OF YOUR PASSPORT (even if expired) IS REQUIRED TO ACCOMPANY THIS FORM TOGETHER WITH THE DEPOSIT.

I,, understand that Fiona Ayres from Dream Maker Travel will be Escorting this 26 day FLY TOUR & SAIL Tour. The exception to the above Escort would be due to a personal/family or business emergency or unforeseen circumstance outside of their control which would prohibit her from travelling.

I have read and agree to the Terms and Conditions.

I declare the information is correct and the passport names are correct.

I also understand that any name changes may incur penalties and/or loss of airfare.

I agree it is my responsibility to ensure I am fully covered with **Travel Insurance**.

I understand it is my Responsibility to declare to my Travel Insurance Company any

Pre Existing Medical Conditions, any Hospital visits within the past 2 years, and any condition that I may be having medical tests or procedures or medical investigations for.

I understand I can check with my Insurer and get a list of Included Existing Medical Conditions.

I understand the following cancellation fees apply to these exclusive Group Tour Conditions:

The required **deposit of \$ 1000 per person** includes Airfares + Further Hotel & Cruise Payments.

We strongly recommend you Pay your Travel Insurance at this time.

Once PAID, Dream Maker Travel will **issue your EMIRATES Airline tickets** and they then become **Non Refundable & Non Changeable**.

Final balance is to be paid NO LATER than 10 May 2019.

If cancelled after this date, **all payments are non-refundable**. These conditions are due to Special Tour & Group Cruise Ship Allocations. We can assist you with a Travel Insurance Claim if required.

Signed.....Date.....

Signed.....Date.....

PLEASE FAX, SCAN & EMAIL, OR POST THE COMPLETED FORM TO:

dream maker travel

Street Address: 39 Highland Crescent, Belmont, QLD. 4153

Postal Address: P.O. Box 1955, Carindale QLD. 4152

Tel: 07 3343 5422 Fax: 07 3324 9496

Email: hilary@dreammakertravel.com.au

ABN: 77 094 188 100 License No: TAG 1718

Payments:- Bank Transfer Details

National Australia Bank

BSB: 084 435

Account: 11 488 4748

dream maker travel **** Please put your Surname in as a Reference ****