

**05 – 14 April 2024**  
**Celebrity EDGE Wine Cruise**  
**Booking Form**  
**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 :**

**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 :**

Address

Postal address (if different from above)

Suburb

State

Postcode

Home Ph

Work Ph

Mob

Celebrity Membership/s:

Email

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

**Your Cabin Choice:-**

- Inside Cabin**    
  **Window Cabin**    
  **Porthole Veranda**    
  **Infinite Veranda**  
**No more to PAY**    
 + \$ 350    
 + \$ 799    
 + \$ 1099

**IMPORTANT EMERGENCY CONTACT NOT TRAVELLING WITH YOU**

Name

Relationship

Home Ph

Mob Ph

Email

**DIETARY REQUIRMENTS**

|  |                          |  |                             |  |                   |  |
|--|--------------------------|--|-----------------------------|--|-------------------|--|
|  | Diabetic                 |  | Gluten Free                 |  | Low fat           |  |
|  | Vegetarian<br>With dairy |  | Vegetarian<br>Without dairy |  | Allergy (details) |  |

**ROOM BEDDING PLEASE TICK YOUR PREFERENCE**

|                          |                     |                          |                      |
|--------------------------|---------------------|--------------------------|----------------------|
| <input type="checkbox"/> | <b>1 x King Bed</b> | <input type="checkbox"/> | <b>2 x TWIN Beds</b> |
|--------------------------|---------------------|--------------------------|----------------------|

**DINING OPTIONS ABOARD YOUR CELEBRITY CRUISE EXPLAINED****Your Options:**

- 1. Traditional Set dining TIME at the same table with the same waiter nightly at 6.00pm or 8.30pm**
- 2. Celebrity Select flexibility of dining at the time of your choosing, different tables nightly**

PLEASE TICK YOUR PREFERED DINING OPTION

- EARLY SET DINING - 6.00PM**
- LATE SET DINING - 8.30PM**
- CELEBRITY SELECT DINING**

Late bookings may have a limited choice for dining options

**GO TRAVEL INSURANCE (please tick)**

- I accept Dream Maker Travel's GO Travel 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 without Travel Insurance at my own risk

I, ....., understand that the **DREAM Maker Travel Escort** will be on board.

The exception to this would be due to a personal/family or business emergency or unforeseen circumstance outside of their control, which would prohibit them 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.

**Australian Government Vaccination & Testing for Cruising ex SYDNEY**

- **Please note you need to be Fully Vaccinated ( 3 x Vaccinations or more)**
- **You will need to do and produce a "RAT Test done" within 48 hours of Cruise Departure.**
- **The above requirements are based on Government Rulings and can change at anytime**

## You can Travel & Cruise with your Valid Passport or Driver's License Please advise your citizenship

- Australian Passport**
- New Zealand passport**
- Other \_\_\_\_\_**

### 10 Days Go Insurance Go Plus Domestic Cruise - International Cover

Cancellation Cover \$10,000 per person

Unlimited Medical & Additional Expenses with Excess \$300.00

#### Go Insurance

Effective 14 February 23 now with COVID Cancellation and onboard medical cover (limits apply)

Please refer to your Go Insurance PDS for full coverage information

|             |                   |            |                   |            |                   |           |                   |
|-------------|-------------------|------------|-------------------|------------|-------------------|-----------|-------------------|
| 48 - 61 yrs | \$ 129 per person | 62- 63 yrs | \$ 155 per person | 64- 65 yrs | \$ 159 per person | 66-67 yrs | \$ 177 per person |
| 68 - 69 yrs | \$ 182 per person | 70-71 yrs  | \$ 237 per person | 72- 73 yrs | \$ 265 per person | 74-75 yrs | \$ 299 per person |
| 76 - 76 yrs | \$ 347 per person | 77-77 yrs  | \$ 390 per person | 78 -78 yrs | \$ 435 per person |           |                   |

### Please read and follow the 4 x Easy Steps below....

#### 1. First things first....Please read the below plus "What is a Pre Existing Medical Condition" ?

Whilst our policy excludes claims arising from Pre-existing Medical Conditions, there are some conditions for which We provide automatic cover. Where automatic cover for a Pre-existing Medical Condition is not offered, it is possible for You to apply for cover. Where automatic cover for a Pre-existing Medical Condition is not offered, it is possible for You to apply for cover.

If You wish to apply for and We agree to cover Your Pre-existing Medical Condition, We may apply special conditions, limitations and/or increased excesses to claims relating to Your Pre-existing Medical Condition. We may also wish to charge additional premium to provide cover for Your Pre-existing Medical Condition.

#### "What is a Pre Existing Medical Condition" ?

##### A Pre-Existing Medical condition is defined to mean:-

Any Physical and/or Mental defect or Illness, Disease or Condition or Injury

If you answer **YES** to any of the below then you have a **Pre-Existing Medical Condition**

- A. I have or have had ANY type of Cancer diagnosis and/or Treatment or Surgery at some time in my Life.
- B. I have a Heart Condition and have Check-ups which may include a Specialist and or I have had Surgery.
- C. I take Prescribed Medication for a Medical Condition.
- D. I have a Ongoing or Recurring Medical Condition or have a Complication attributable to a Condition.
- E. I am currently or have been Investigated or treated by a Medical Practitioner or Health Professional within 90 Days of this Policy being Issued. ( includes Dentists or Allied Health Practitioners)
- F. I am aware that I have had or currently are experiencing Symptoms.

## 2. Please read the below List of Automatically INCLUDED Pre Existing Medical Conditions.

### Automatically Covered Pre-existing Medical Conditions

Provided that You have not been hospitalised (including attendance at Accident & Emergency or day surgery) in the past 24 months or sought medical attention in the 90 days prior to issue of Your policy (or 30 days prior to travel in the event of an Annual Multi Trip policy), We will cover You for the following Pre-existing Medical Conditions listed below.

*Please note We are only able to offer automatic cover for certain Pre-existing Medical Conditions suffered by You (i.e. the person(s) insured under the policy). There is no cover for any Pre-existing Medical Condition suffered by any person other than the person(s) named on the Certificate of Insurance. At no time is there any cover for any diagnosed or undiagnosed condition where You are awaiting investigation, referral, treatment or results; travelling against medical advice or to obtain medical treatment; and/or where a terminal prognosis has been made.*

- Acne
- Arthritis
- Asthma

*(provided You are under 60 years of age, have no other known or underlying respiratory conditions (including Chronic Bronchitis, Chronic Obstructive Pulmonary Disease (COPD), Emphysema or Pulmonary Fibrosis and/or sleep apnoea), haven't required cortisone medication except taken by inhaler or puffer, haven't required hospital treatment for asthma in the last two years and have been a non-smoker for at least 18 months)*

- Blindness and low vision
- Cataracts
- Corneal graft
- Coeliac Disease
- Deafness
- Dermatitis
- Ear grommets
- Eczema
- Food allergy

*(provided You do not suffer Anaphylaxis following consumption of or exposure to the allergen)*

- Gastric reflux
- Gout
- Hay fever
- Hiatus hernia
- High Cholesterol/Hypercholesterolaemia

*(provided it is managed in regular consultation with Your Medical Practitioner and is below 6.0 millimoles per litre and You do not also suffer from high blood pressure, other known cardiovascular disease and/or diabetes. If you have high cholesterol and also high blood pressure, diabetes and/or any form of cardiovascular disease, You will need to complete medical screening if You want to include cover for these conditions.)*

- High blood pressure/Hypertension  
*(provided it is managed in regular consultation with Your Medical Practitioner and You do not also suffer from high cholesterol, You do not take more than 2 medications and there has been no change in medication or dosage in the last 6 months and You have been a non-smoker for at least 18 months. If You have high blood pressure and also high cholesterol, diabetes and/or any form of cardiovascular disease, You will need to complete medical screening if You want to include cover for these conditions.)*

- Hip replacement  
*(if the procedure was performed over 12 months ago but less than 10 years ago)*

- Knee replacement  
*(if the procedure was performed over 12 months ago but less than 10 years ago)*

- Macular degeneration
- Menopause  
*(provided You do not suffer from Osteoporosis)*

- Overactive / underactive thyroid  
*(provided the condition is not caused by a tumour)*

- Peptic ulcer
- Psoriasis
- Pregnancy *(subject to General Exclusion 33)*
- Rhinitis
- Sinusitis
- Skin cancer *(but not Melanoma)*
- Urticaria *(Hives)*

If Your Pre-existing Medical Condition(s) do not satisfy the criteria for automatic cover, you will need to apply for cover.

If You have any Pre-existing Medical Condition(s) which are not automatically covered, You must declare all of Your Pre-existing Medical Conditions (including any conditions which are noted in the above Automatically Covered Pre-existing Medical Conditions list).

Following declaration of Your Pre-existing Medical Conditions, We will either agree to cover all of Your Pre-existing Medical Conditions or none of them.

## 3. If you have a Pre Existing Medical Condition then what do you do to get Cover ?

If you have **CHECKED THE Above List** and you need to **ADD** a Pre-Existing Medical Condition then please **Call Dream Maker Travel** and we can do this for you and Issue your Insurance at the same time.

### **Very Important:-**

**When declaring your Pre-existing Medical Condition that is NOT Covered,**

**YOU MUST DECLARE ALL Medical Conditions & this includes**

**ANY Automatically Covered Pre Existing Medical Conditions noted on the above List !!!!!**

**GO Insurance will then agree to Cover ALL of your Conditions or NONE of them...**

#### **4. If you DO NOT have any Pre - Existing Medical Conditions**

- If you do **NOT** have any below **Medical Conditions** to ADD then Please just **Scan & email me the attached [Client Declaration](#) and tell me to go ahead and Issue your travel Insurance.**  
You will then Receive your Policy on your Email. 😊

#### **Please note:-**

If you DO NOT get Offered Medical Cover from GO Insurance for your Condition's then Please do not Worry. Just CONTACT Me Immediately as there are other Insurance Companies that MAY COVER YOU...

**Do you have ANY Mobility Issues or need a Wheel Chair at Airports ?**

#### **Deposits and Payments**

- We need Completed Booking Form & \$ 500 per person + Insurance Premium (Non -Refundable)  
*Payments required within 7 days of reservation confirmation*
- **Final balance is due 25 November 2023.**  
**After Final Balance has been PAID, all monies are Non Refundable.**

We strongly recommend you pay for & get Travel Insurance issued at time of deposit to cover you for any unforeseen cancellation (as per the conditions of Go Insurance Travel Insurance)

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

**PLEASE NOTE WE ARE UNABLE TO CONFIRM YOUR CABIN WITHOUT RECEIPT OF A BOOKING FORM.  
PLEASE SCAN AND EMAIL, OR POST THE COMPLETED FORM TO:**

#### **dream maker travel**

Street Address: 39 Highland Crescent, Belmont, QLD. 4153  
Postal Address: P.O. Box 1955, Cardinale QLD. 4152  
Tel: 07 3343 5422 Fax: 07 3324 9496  
Email: [hilary@dreammakertravel.com.au](mailto: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 \*\***

Please note payments by credit card will incur a 2% fee

**CLIENT DECLARATION**

Traveller Name/s:

Quotation Number:

I confirm that I / we:

- Am / are resident in Australia or have been residing in Australia for at least the previous 3 months.
- Received and read a copy of the combined Go Insurance Product Disclosure Statement (PDS), Financial Services Guide (FSG) and policy wording before applying for this insurance.
- Agree to the terms of the combined PDS, FSG and policy wording and consent to the collection and use of my / our personal information as permitted by law.
- Complied with my / our duty of disclosure and have permission to complete this application on behalf of all persons to be insured by this policy.
- Understand that this policy only provides automatic cover for certain pre-existing medical conditions as detailed in the policy wording.
- We consent to receiving policy documentation electronically.

Signature:

Date: