



## Passenger Booking Form:

**IMPORTANT INFORMATION:** Please ensure the name you provide is exactly the same as it appears on your Passport. In order for your booking to be confirmed, please complete the below details for the person travelling, sign and return to our office within 7 days, along with the Non-Refundable deposit of Air and Land \$750 / Land Only including Norfolk Island \$500 / Pre-registration \$250 per person. Travel Insurance is mandatory for all international bookings and policy details must be advised before travel documents will be released.

**\*A scanned copy of passport is mandatory for all international tours at time of booking.\***

*(Failure to provide correct information may result in additional administrative fees and/or cancellation of your reservation for which Solo Connections accepts no responsibility. Re-instatement of cancelled or amended bookings will subsequently be subject to availability. As a legal requirement you must provide us with accurate information on your pre-existing medical conditions on this form. Passengers aged 70 years and above, at the tour departure date, will be required to have a doctor's letter as per the general health and fitness clause in our general terms and conditions. Please request a printed copy or refer to <https://soloconnections.com.au/wp-content/uploads/2018/02/Solo-Connections-Terms-and-Conditions-3-2016-1.pdf>.)*

Booking Number: \_\_\_\_\_ Tour Name: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Title: \_\_\_\_\_ First and Middle Names: \_\_\_\_\_ Surname: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: Male / Female Date Of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Passengers ex Australia date: \_\_\_\_\_ Frequent Flyer: \_\_\_\_\_

Pre-existing Medical Conditions (if any): \_\_\_\_\_ Dietary Needs (if any): \_\_\_\_\_

Other Special Request (eg. Smoking or non-smoking): \_\_\_\_\_

Airline Seating Request: \_\_\_\_\_ Travelling With (if applicable): \_\_\_\_\_

Travel Insurance Name & Policy Number: \_\_\_\_\_

Emergency Contact Information (details must be of a person who is NOT travelling with passenger)

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Relationship to Passenger: \_\_\_\_\_

Street Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Preferred Travel Agency Details (if applicable)

Agency Name: \_\_\_\_\_ Consultant: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I agree that my reservation is subject to Solo Connections terms of trade, booking conditions and schedule of service fees. Travel Insurance is highly recommended at time of deposit for any reservation.

Signature: \_\_\_\_\_  
(Signed on behalf of the traveller indicated on this form)

Date: \_\_\_\_\_