



Passenger Booking Form

Name of Tour: _____ Departure Date: _____

Title: Mr / Mrs / Miss / Ms / Dr (please circle)

Surname: (as in passport) _____ First Names: (as in passport) _____

Preferred Name: _____ DOB: _____ Gender: Male / Female

Frequent Flyer Airline: _____ Membership Number: _____

Airline Seating Request: (Please note seating is at the discretion of the airline and some airlines charge for preferred seating) _____

Address: _____

Postcode: _____ Telephone: _____

Mobile: _____

Email: _____

Pre-Existing Medical Conditions (if any): _____

Special Dietary Requirements (if any): _____

Any Other Special Requirements (if any): _____

Travel Insurance Please send me a quote I will arrange my own and provide details

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

Name: _____ Relationship to passenger: _____

Address: _____

Mobile: _____ Email: _____

I agree that my reservation is subject to Solo Connections terms of trade, booking conditions and schedule of service fees.
I am paying a non-refundable deposit of \$750 (air and land) or \$500.00 (land only or Norfolk Island tours) plus I will provide a scanned copy of my passport to reserve the above Travel Arrangements.

Signature: _____

Date: / /

IMPORTANT INFORMATION: Please ensure the name provided is exactly the same as it appears on your current Passport. Travel Insurance is mandatory for all 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 will be required to provide a doctor's letter as per the general health and fitness clause in our general terms and conditions. Please request a printed copy from your agent or refer to

<https://soloconnections.com.au/wp-content/uploads/2018/11/Solo-Terms-and-Conditions-201819.pdf>

Preferred Travel Agency Details (if applicable)

Agency Name: _____ Consultant: _____

Address: _____ Suburb: _____

State: _____ Postcode: _____

Phone: _____ Email: _____