



# TRAVEL BOOKING FORM PAGE 1

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NAME OF TOUR: MUSIC LOVERS TOUR FROM PARIS TO BARCELONA - SEPT 2013

## TRAVEL INFORMATION

TRAVELLER'S NAMES AS ON PASSPORT (in block capitals please):

1. \_\_\_\_\_
2. \_\_\_\_\_

TRAVELLER'S PREFERRED NAMES (for name badges):

1. \_\_\_\_\_
2. \_\_\_\_\_

## ADDRESS FOR CORRESPONDENCE

(in block capitals please)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_

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

## FURTHER INFORMATION OR SPECIAL REQUESTS

- I wish to book a standard twin share package
- I wish to book business class
- I wish to book a single supplement package
- I intend to be with tour party for full trip  or Land only
- or other: \_\_\_\_\_
- Dietary requests for flight / tour \_\_\_\_\_

## ROOM CONFIGURATION

Name of traveller you wish to share room with: \_\_\_\_\_

Bedding configuration: Twin  or Double

Or I wish you to match me up with another traveller to share if possible Yes / No

## PASSPORT DETAILS (essential for airlines and in case of emergency on tour)

Due to today's airline security requirements please attach a photocopy of the picture page of your passport. Please ensure your face is clearly recognisable.

I have attached my photocopy: Passenger 1  Passenger 2

## AIRLINE INFORMATION

I am a member of \_\_\_\_\_ Airlines programme My membership no is: \_\_\_\_\_

This tour departs from Brisbane but it is possible to leave from other ports. Airfare may vary and hotel transfer charges will apply

I would like to depart from Brisbane

I would prefer to fly to Singapore direct from \_\_\_\_\_ (Airfare may vary and hotel transfer charges will apply)

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## TRAVELLER'S INSURANCE

On all OPERATIF tours it is compulsory to have travel insurance.

For your convenience we can arrange insurance through Covermore, a widely used and respected specialist company in the travel industry.

Please indicate if you would like to receive a Booklet and Application.

Once completed, the form should be returned to our local agent, Travel Associates.

(Details on back of booklet).

If you would prefer to arrange your own Travel Insurance. Please do this as soon as you book the tour and notify us ASAP of the following.

1. Company name 2. Policy Number 3. Emergency assist numbers for countries we are visiting.

## YOUR NEXT OF KIN (or contact in case of emergency)

Next Of Kin Name: \_\_\_\_\_ Telephone (Work): \_\_\_\_\_  
Relationship: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone (Mobile): \_\_\_\_\_  
Telephone (Home): \_\_\_\_\_ Email: \_\_\_\_\_

## PAYMENT DETAILS (please complete and sign this form in the appropriate section below. Deposits are per person.)

I would like to pay for the whole trip now using this credit card number below (Visa or Mastercard only)  
(please note a credit card surcharge of 2.5% applies)

or

I wish to pay my first deposit by credit card: Visa  Mastercard

And subsequent deposits by the same credit card: Yes?

Card No: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Expiry Date \_\_\_\_ / \_\_\_\_ (month/year) CCV \_\_\_\_

Please note: a credit card fee of 2.5% will apply

I authorise Operatif to charge my credit card as indicated above.

Signature \_\_\_\_\_

FIRST DEPOSIT AMOUNT TO CHARGE \$ \_\_\_\_\_

**BY CHEQUE** (please write the trip name you are booking for on the back of your cheques and make payable to Operatif

\$ \_\_\_\_\_

### BY BANK DEPOSIT

Please pay to account below and give your name as a reference on this payment

Bank Account: OPERATIF - SUNCORP BANK BSB: 484 799  
ACCOUNT: 100223061

\$ \_\_\_\_\_

## I HAVE READ AND AGREE TO THE BOOKING CONDITIONS ON BEHALF OF ALL LISTED ON THIS FORM.

**PLEASE NOTE:** A minimum level of fitness is required to participate in our tours. Please contact us if you wish to discuss this further.

Passenger 1 Signature: \_\_\_\_\_ Passenger 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_