

RAE 125TH Anniversary GALLIPOLI BATTLEFIELD TOUR – JUNE 2027

PASSPORT DETAILS

1. Full Name (as per passport) _____

Passport No. _____ Date of Issue _____ Expiry Date _____

Place of Birth _____ Nationality _____ Date of birth _____

2. Full Name (as per passport) _____

Passport No. _____ Date of Issue _____ Expiry Date _____

Place of Birth _____ Nationality _____ Date of birth _____

PREFERRED NAME FOR COMMUNICATION & TOUR BADGE

ADULT 1. _____ ADULT 2. _____

HOME ADDRESS

CONTACT DETAILS

Ph. Home () _____ Ph. Work () _____ Mobile () _____

Email _____

MEDICAL CONDITIONS

Do you have any medical conditions or dietary requirements that the Tour Operators should be alerted to?

YES ____ **NO** ____ If you answered **YES**, please outline briefly _____

Please note that in some circumstances, we may require a letter from your doctor certifying you are fit to travel.

NEXT OF KIN Name (to be contacted in event of emergency): _____

Ph. Home () _____ Ph. Work () _____ Mobile () _____

ACCOMMODATION OPTIONS (Please tick)

Twin ☐ Double ☐ Single ☐ Non Smoker ☐ Smoker ☐

PAYMENT METHOD (Please tick your choice for deposit payment of \$1000 per person)

Cheque (payable to Boronia Travel Centre) _____ Direct Deposit _____

Credit Card (please circle) **VISA** **MASTERCARD** **AMEX**

Credit Card # _____ Expiry Date _____

Name on Card _____ * Please note credit card payments incur a 1-2% surcharge

The signing of this Tour Booking Form indicates that you have read the Tour Terms and Conditions and agree to abide by them.

Signature _____ Date _____

Please send completed form:
michelle@boroniatravel.com.au
Bank Account for Direct Deposits:
Bank – CBA / BSB – 063 239 / Account Number – 0036 1434 / Ref – Your surname
Account Name – Boronia Travel Centre
ATAS Number A11322