



PERSONAL ★ ALL INCLUSIVE ★ LUXURY

BOOKING REGISTRATION FORM

Please complete both sides and return to

J&H Tours, PO Box 6747, Port Macquarie NSW 2444 AUSTRALIA

or

Fax +61 2 6583 1995

NOMINATED TOUR	Name of Tour: _____ Tour Start Date: _____ <input type="checkbox"/> Single Supplement
ADDITIONAL TRAVEL ARRANGEMENTS	Air Travel: <input type="checkbox"/> First <input type="checkbox"/> Business <input type="checkbox"/> Economy <input type="checkbox"/> I am making my own air travel arrangements <input type="checkbox"/> I require pre and/or post tour accommodation
DOCUMENTATION ENCLOSED	Passport: <input type="checkbox"/> Copy enclosed <input type="checkbox"/> Please assist me with an application Travel Insurance: <input type="checkbox"/> Copy of certificate enclosed <input type="checkbox"/> Please assist me with an application
DEPOSIT PAYMENT	TOUR DEPOSIT AUD\$1000 PER PERSON <input type="checkbox"/> Cheque (payable to J&H Tours Pty Ltd) <input type="checkbox"/> Credit Card (please complete the authority below) <input type="checkbox"/> EFT: J&H Tours Pty Ltd BSB 032586 Account 304875 (please use your surname as reference)

CREDIT CARD AUTHORITY

NAME OF CARDHOLDER (MUST be travelling in party)			
CARD TYPE	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> American Express <input type="checkbox"/> Diners Club
CARD NUMBER			Security Number
EXPIRY DATE		Amount \$	
CARDHOLDER SIGNATURE			

By signing this authority I acknowledge that I am providing J&H Tours with my credit card details for the primary purpose of completing my travel booking. I acknowledge that this may involve disclosure of my credit card details by J&H Tours to its wholesalers, including the particular airline I have booked with, whether that be a domestic or an international airline either in Australia or overseas, and I hereby provide my consent to such disclosure in accordance with the Privacy Act 1988 (Cth).

I am aware that Merchant Fees apply to all credit card transactions and will apply to payments made by credit card as follows:

* Visa & MasterCard 1.5% * American Express 3.0% * Diners Club 2.5%

**IMPORTANT: Please enclose a photocopy of the photo page of your Passport with this signed form.
Please complete both sides of this form.**

GUEST DETAILS and ESSENTIAL INFORMATION

Please complete your name exactly as it appears on your Passport

GUEST ONE

GUEST TWO

TITLE & SURNAME		
GIVEN NAME/S		
YOUR PREFERRED FIRST NAME FOR YOUR BADGE		
MAILING ADDRESS		
TOWN/SUBURB STATE & POSTCODE		
PHONE – DAY	()	()
PHONE – A/H	()	()
MOBILE		
FAX	()	()
EMAIL		
OCCUPATION		
DATE OF BIRTH		
PASSPORT NUMBER		
PASSPORT NATIONALITY		
PASSPORT EXPIRY DATE		
EMERGENCY CONTACT NAME & NUMBER		
FREQUENT FLYER AIRLINE/S & NUMBER/S		
SHOULD WE BE AWARE OF ANY HEALTH OR MOBILITY ISSUES?		
ARE THERE ANY SPECIAL OR DIABETIC MEAL NEEDS?		
ARE YOU TRAVELLING WITH FRIENDS ON TOUR?		
ARE YOU CELEBRATING A SPECIAL EVENT WHEN ON TOUR?		

I hereby acknowledge & accept the Terms & Conditions as published on the website www.jhtours.com.au

**GUEST/S SIGNATURE
(BOTH MUST SIGN & DATE)**

DATE	DATE