

This booking form is to be completed and submitted to Uplift Tours and Travel along with copy of Passport and deposit payment.

### Tour Details:

Tour Departure Date: \_\_\_\_\_ Tour Departure Point: Brisbane/Sydney/Melbourne/Other: \_\_\_\_\_  
Tour Name: \_\_\_\_\_

### Passenger Details - Passenger 1:

Full Name (as per passport): \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_  
Title: Mr/Mrs/Miss/Ms/Other Preferred Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Passenger Details - Passenger 2:

Full Name (as per passport): \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_  
Title: Mr/Mrs/Miss/Ms/Other Preferred Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Other Information:

Where did you hear about Uplift Tours and Travel?: \_\_\_\_\_  
Frequent Flyer Numbers(s) & Airline(s) (if applicable) Passenger 1: \_\_\_\_\_  
Frequent Flyer Numbers(s) & Airline(s) (if applicable) Passenger 2: \_\_\_\_\_  
Australian Pension Number: Passenger 1: \_\_\_\_\_ Passenger 2: \_\_\_\_\_  
Bedding Requirements: Double  Twin  Single  Triple  Smoking  Non-Smoking   
Sharing with: \_\_\_\_\_  
Special care needed due to health issues or diet (ie; Gluten Free, Wheelchair etc):  
Passenger 1: \_\_\_\_\_  
Passenger 2: \_\_\_\_\_  
Do you have Travel Insurance?: Yes/ No If yes please provide details: \_\_\_\_\_  
Would you like Uplift Tours and Travel to provide an insurance quote?: Yes / No

### Medications/Emergency Instructions/Next of Kin:

Should you be hospitalised or require emergency treatment whilst on tour with Uplift Tours and Travel, we want to ensure your treatment is in accordance with any pre-existing conditions, medications you are taking, allergies, etc.

In the event we are unable to contact your Next of Kin or there is insufficient time to do so, **we request you provide to your Tour Escort or Group Leader at time of departure a named and sealed envelope** with details enclosed advising of your current medications, allergies and medical directions that can be provided to medical professionals at your tour destination. This information will remain unsealed and will not be disclosed to any medical or other person unless required due to an emergency. The envelope will be returned to you at the end of your tour.

Next of Kin Name: \_\_\_\_\_

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

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

Day Time Phone Number: \_\_\_\_\_ Night Time Phone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Department of Foreign Affairs & Trade:

In the event that an accident, disaster or emergency is reported to have occurred in a country where you will or may be travelling, Uplift Tours and Travel may disclose to the Australian Government Department of Foreign Affairs and Trade details of your itinerary (including, without limitation, transport and accommodation arrangements) and your contact details within Australia and overseas.

### Authorisation:

For promotional purposes, you will automatically be added to the Uplift Tours & Travel database. Uplift Tours and Travel will not disclose this information to third parties.

Please tick the box should you not wish to be on our database.

I acknowledge that I have read, understood and accepted Uplift Tours and Travel Booking Terms & Conditions which appear on [www.uplifttoursandtravel.com](http://www.uplifttoursandtravel.com) website (note: a copy can be requested from your Uplift consultant) and understand that my deposit payment is non-refundable and other fees may be applicable should I cancel or amend my travel arrangements.

Signature Passenger 1: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

Signature Passenger 2: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

### Payment Options:

**Direct Deposit:** Account Name: Uplift Tours and Travel Pty Ltd (Client Trust Account)  
Bank: Commonwealth Bank  
BSB: 064405  
Account Number: 10686582

*Please use your SURNAME as reference to ensure your deposit is directed to the correct booking.*

**Cheque:** Bank cheque is preferred, however if sending personal cheque please ensure funds are cleared in our Trust Account before deadline date. Please send cheque payable to Uplift Tours and Travel Pty Ltd, PO Box 375, Caboolture QLD 4510.

**Credit Card:** Please be aware that credit card merchant fees apply in addition to the pricing provided in your travel proposal. Uplift Tours and Travel do not benefit from the receipt of this fee. Credit card merchant fees are as follows:- Visa/Mastercard 2.5% American Express/Diners Club 3.5%

We accept credit card payments over the phone to the value of \$5000. If your payment exceeds this amount, you will be required to complete a credit card authorisation form and supplement documentation i.e proof of ID such as a driving licence, prior to charges being processed. An authorisation form can be obtained from your consultant.

**Cash:** Please note we do not accept cash payments.