

BOOKING FORM

- PLEASE**
1. CAREFULLY COMPLETE ONE FORM PER PERSON
 2. GIVE THE SAME FULL NAME BELOW AS IN YOUR PASSPORT
 3. INCLUDE A PHOTOCOPY OF THE MAIN PAGE FROM YOUR PASSPORT WHEN YOU SEND IN THIS BOOKING FORM

Art Travel

TOUR NAME

Family Name First Names

Mr/Mrs/Miss/Ms (please circle) Name known as

Age Date of Birth / / Nationality (e.g. New Zealand, British)

Passport No Expiry Date

Address

..... Post Code

Phone hm / wk Mobile

Email address

Have you been on a previous Art Tour? **YES-NO** (please circle)

Frequent Flyer Number (s).....

I wish to **UPGRADE** to **PREMIUM ECONOMY** or **BUSINESS CLASS**

Seat Preference Request Window Aisle

I am interested in doing **EXTRA TRAVEL** when the tour has ended **YES-NO** (please circle)

HOTEL ACCOMMODATION

Please arrange (tick one) single room (I will pay the extra SINGLE price)

share double (room with double bed – available on request)

share twin (room with twin beds)

(tick one) travelling with (name)

travelling alone

AGE, HEALTH & FITNESS:

Important: If you have any health or mobility issues, you should discuss your fitness and mobility with us prior to booking.

Do you have any health/fitness/mobility problems that we should be aware of?
(If necessary, please explain on a separate page)

.....

Do you require special meal requests (e.g. gluten-free or vegetarian)?

.....

EMERGENCY FAMILY CONTACT IN NZ:

Name

Relationship to traveller.....

Phone hm / wk Mobile

Email

Please acknowledge our booking conditions

Yes, I accept the Booking Conditions for
Art Travel

Please acknowledge my booking, and send
me a receipt

Signed

Date

INSURANCE: (please tick one)

- I would like to take out your
RECOMMENDED TRAVEL INSURANCE
Please send me a quote and further
information.
- I'm taking out MY OWN insurance.
*Important: please send a copy of your
policy document (showing Insurance Co,
details & emergency phone
numbers) to us.*

Contact us for details:

Glen Armstrong

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+64 21 509 093

PAYMENT ACCOUNT WILL
BE ON YOUR INVOICE

