

Booking Form

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

TOUR:

Mr/Mrs/Miss/Ms

First Names

Surname

Age Date of Birth / / Nationality

Passport No Expiry Date

Address

.....

Post Code

Mobile

.....

Email address

.....

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

HOTEL ACCOMMODATION

Please arrange

(I will pay the extra SINGLE price)

☐ single room

(room with double bed – available on request)

☐ share double

(room with twin beds)

☐ share twin

☐ travelling with



(name)

.....

FLIGHTS ARE NOT INCLUDED BUT IF YOU WOULD LIKE ASSISTANCE WE ARE HAPPY TO HELP

AGE, HEALTH & FITNESS:

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

☐ (If necessary, please email separately page)

Do you have any health/fitness/mobility problems that we should be aware of?

.....

☐ 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

Art Travel

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

Info@arttravel.co.nz

+64 21 509 093

North and East Limited

T/A Art Travel

13 Warwick Ave, Westmere,
Auckland