|  |
| --- |
| **For All Correspondence:** |
| Address |
|  |
| Home tel |
| Work tel |
| E-mail |

|  |  |  |
| --- | --- | --- |
| **PERSONAL DETAILS** | **1st Person** | **2nd Person (if applicable)** |
| Surname (Mr/Mrs/Ms) |  |  |
| First Name (as on passport) |  |  |
| Nationality (as on passport) |  |  |
| Date & Place of Birth |  |  |
| Occupation |  |  |
| Special Diet (eg Vegetarian) |  |  |
| Known Medical Conditions  (Attach relevant medical documents) |  |  |
| Blood Group (if known) |  |  |
| **EMERGENCY CONTACT** |  |  |
| Surname (Mr/Mrs/Ms) |  |  |
| First Name |  |  |
| Relationship |  |  |
| Address |  |  |
| Telephone |  |  |
| **PASSPORT DETAILS** |  |  |
| Passport Number |  |  |
| Place of Issue |  |  |
| Date of Issue |  |  |
| Valid Until |  |  |
| **TOUR DETAILS** |  |  |
| Tour Name |  |  |
| Tour Code |  |  |
| Tour Price |  |  |
| Departure Date |  |  |
| Tour Duration |  |  |
| Start |  |  |
| End |  |  |
| Arrival Flight details  (eg TK1862 16SEP FCO IST) |  |  |
| Pre Tour Accommodation |  |  |
| Post Tour Accommodation |  |  |

**Security and Government Advice**

Living Adventure assumes names and passport details on the ‘BOOKING FORM’ are the same on the passport you are travelling on. Your booking cannot be confirmed without provision of these details.

Living Adventure recommends that you check that you have a valid passport with a minimum validity of 6 months post departure from the date of exit and appropriate entry visas on the itinerary. If you are concerned about the political and security situation of any country, Living Adventure recommends that you contact smartraveller.gov.au or your government travel advice department.

It is also recommended to register your travel and contact details at smartraveller.gov.au, so an Australian Government representative can contact you in case of an emergency.

**Medical Declarations**

You must also inform Living Adventure in writing during the process of booking of medical conditions, pregnancy, disability or other mental and or physical condition which may affect your fitness to travel.

**Travel Insurance Declarations**

|  |  |  |  |
| --- | --- | --- | --- |
| **Travel Insurance** | | | |
| If you incur medical expenses while overseas and you don't have travel insurance, you are personally liable for covering these costs. The Government cannot pay for medical expenses overseas. Therefore, travel insurance is compulsory on tours and recommended while you are overseas. | | | |
| **My Insurers are** |  | | |
| **Emergency service number** |  | | |
| If you require Travel Insurance please contact Living Adventure to be referred to a suitable Travel Insurance Provider | | | |
| I enclose deposit per person per tour | | AUD$ |  |

I/WE acknowledge that Living Adventure have advised you that travel insurance is available to:   
  
\* Cover medical and non-medical evacuation and repatriation;   
\* Dental expenses;   
\* Luggage and personal effects that have been lost, damaged or stolen;   
\* Cancellation and additional expenses;   
\* Other events depending on the travel plan selected. 

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Signature | Date | Witness |
| Name | Signature | Date | Witness |

I/WE accept to decline travel insurance because:   
  
1) Alternate insurance arrangements have been made or;   
2) Choose not to insure or;   
3) Been offered insurance for an existing medical condition but have declined to accept it.

**ONLY IF INSURANCE IS NOT REQUIRED**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Signature | Date | Witness |
| Name | Signature | Date | Witness |

**Printed Wednesday, July 03, 2013**