



Po Box 64 Malanda QLD 4885

Booking Details Form

Email: kelly@emersonbuscompany.com.au

Please fill out the below and return

Fax: 4096 6768

the signed form by one of the following methods- one form per person unless travelling as a couple

Personal and Billing Information	
Name of Tour	2017 Outback Discovery & Island Escape
Passenger 1	
Passenger 2	
Email	
Phone	
Fax	
Residential Address	
Mailing address	
Credit Card Details- only to be completed if you wish to book via credit card. Please note a 2% surcharge does apply on credit Name on Credit Card	
Credit card number	
Credit card expiration date and CVV Number (3 digits on back of card)	
Travel Information	
Preferred name eg, Jo or Mrs Smith	
Date of Birth- passenger 1	
Passenger 2	
Relevant medical information (if any) Please note a medical certificate from your GP, including a list of your medications, is required prior to departure	
Dietary requirements (if any) Eg, Gluten Free, Dairy Free, Seafood allergy	
Emergency Contact Information	
Emergency contact Person	
Phone number	
Mobile number	

Lodging Information

Are you wanting twin share- if so do you have someone to share with, please indicate person (twin share rate \$2695pp)

Do you want a single room (single rate \$3515)

I hereby confirm all of the above information as true and correct.
I have read and understood the Terms and Conditions listed on the following pages.
I agree to adhere to the Terms and Conditions.

Signed

Date

Full Name (Please Print)

Signed

Date

Full Name (Please Print)

Repayment Dates

Deposit payable at time of booking

Deposit Amount **\$500.00**

Account Details: Emerson Bus Company
 BSB: 064 800
 Acc # 1020 5689

Please use your full name as your reference.

Full payment needs to be received no later than **Tuesday 18th April 2017.**