

BOOKING FORM

harvest

Please complete entire form in BLOCK LETTERS and forward this booking form immediately with deposit

TOUR(S): ROCKHAMPTON - ADVENT PILGRIMAGE TOUR CODE(S): PV2226 DEPARTURE DATE: 02 DEC 22 dd/mm/yyyy

PILGRIMS DETAILS IMPORTANT NOTE: Spelling of all names MUST be as printed in your current ID (i.e. Driver's Licence or Passport).

	Mr/Mrs/Sr/Miss/Ms/Fr	FAMILY NAME	FIRST AND MIDDLE NAMES	DATE OF BIRTH dd/mm/yyyy
1				
2				
3				
4				

NAME TAG	SPECIFIC REQUESTS	SMOKER?	ROOM TYPE (please tick)			
			Share Twin*	Double**	Single	Triple
Preferred First Name	DIETARY OR SEATING (Subject to availability)					
1		<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specific single room requests are accepted on a first come/first served basis due to limited availability in some destinations. Harvest will endeavour to appropriately match those individual travellers wishing to share. Single supplement will apply if no suitable share partner found.
*Share twin depicts a two single bedded room.
**Subject to availability (Not all hotels offer true double bed configuration)
If requesting a share twin, please nominate with whom (optional):

IMPORTANT: PHYSICAL FITNESS

Some activities on tour require extensive standing or walking, you **MUST** tick Yes or No below to indicate if you or any above named travellers has a **disability, physical or medical condition that will restrict your ability to walk or stand for extended periods during the tour:**

(Refer to section 17 overleaf for important conditions)

Yes No If Yes, Harvest will contact you for further details.

DO YOU HAVE ANY EXISTING MEDICAL CONDITIONS?

All existing medical conditions or illnesses **MUST** be listed below for each person travelling.

1	
2	
3	
4	

PERSONAL CONTACT

Phone: _____ Email: _____

Address: _____

Country: _____ Postcode: _____

EMERGENCY LOCAL CONTACT

Name: _____ Relationship: _____

Home Phone: _____ Business/Mobile: _____ Email: _____

HOW DID YOU HEAR ABOUT US? Please select all that apply

Online Search Facebook Website Word of mouth I am a Past Pilgrim Parish/Church

Publication: _____ Other: _____

TRAVEL INSURANCE

YES – Send me a quote for Harvest Preferred Insurance

NO – Will arrange myself

Email to:
info@harvestjourneys.com

Send to:
PO Box 6087
Alexandria BC
NSW 2015 Australia

AU: 1800 819 156
NZ: 0800 819 156

BOOKING DEPOSIT: \$800 PER PERSON NON-REFUNDABLE (ESSENTIAL TO SECURE BOOKING)

Enclosed Payment (Cheque/Money Order) \$

OR **Credit Card:** Mastercard* Visa* (please tick) *1% Credit Card Surcharge applies

Cardholder Name: _____ Expiry Date: _____

Card Number: _____ \$

OR **Direct Deposit** - Please include your Name and Tour Code in Bank description.

Account Name: Harvest Pilgrimages BSB: 032006 Account No: 509170 \$

I have read and fully accept the Harvest booking conditions on behalf of the above named passengers.
For booking terms and conditions please visit www.harvestjourneys.com/terms-and-conditions

Signed: _____ x Date: _____

Print Name: _____