



TASMANIAN WILDERNESS EXPERIENCES

ABN 64 632 982 270



TOUR BOOKING FORM

If you have any questions about this form, don't hesitate to call us on 1300 882 293

Personal Details					
Dr	Mr	Mrs	Miss	Ms	Name:
Address:					
					Postcode:
Phones:	(H)	(W)	(M)		
Email:					
Emergency Contact:	Name	Relationship	Phone	Mobile	
Number in Group:	Adults	Children	Total		
How to fill out this form					
<ul style="list-style-type: none"> Please complete the details of the tour you wish to book (indicating alternative dates if your preferred tour is fully booked) and select your payment option. Date format is DD/MM/YY. Note that transfers to and from Hobart Airport, and overnight accommodation in our Dormitory Cabin pre- and post-tour, are included in the price. Please complete details of any special requirements you or members of your group may have on the following page. 					
Guided Tour Details					
Tour Code	Description	Preferred Date	Alt Date 1	Alt Date 2	
		/ /	/ /	/ /	
		/ /	/ /	/ /	
		No on tour	Tour Price	Total (inc GST)	
Estimated Total Cost (we will confirm)				\$	
Deposit Required of 10% to secure booking				\$	
Balance Due 7 Days Before Travel				\$	
Payment Options					
1. By Cheque payable to: Tasmanian Wilderness Experiences					
2. By Direct Credit to our bank account: BSB 017010 Account Number 417147075					
3. By Credit Card:					
Type:	Mastercard <input type="checkbox"/>	Visa <input type="checkbox"/>	Bankcard <input type="checkbox"/>	Amex <input type="checkbox"/>	Diners <input type="checkbox"/>
Card Number:					
Expiry Date:	/ (MM/YY)	Signature:			



TASMANIAN WILDERNESS EXPERIENCES

ABN 65 632 316 265

TOUR BOOKING FORM



If you have any questions about this form, don't hesitate to call us on 1300 882 293

Hobart Airport Transfer Details				
	Date (DD/MM/YY)	Connecting Flight #	From	Time
Arriving:	/ /			
Departing:	/ /			
Special Requirements/Considerations				
Special diets? If so, please give details:				
Do you suffer from any allergies? If so, please give details:				
Do you have any condition that may affect your welfare on tour? If so, please give details:				
Is there need for special assistance that our Tour Guides should know about? If so, please give details:				
Please provide the following information:				
Medicare No	Health Insurance			Ambulance Service Member No
	Fund Name	Cover	Membership No	

Your booking is subject to our standard terms and conditions, published on our website and available on request, including the assumption of risks inherent in the chosen activities.

Signature: _____ Date: ____/____/____