REGISTRATION FORM: Discover ca	ptivating India: Innovative	Travel Women only Tour	r: Ex Christchurch 04 October 2024

NAME Preferred first name if different from passport:		ACCOMPANYING traveller (if applicable) Preferred first name if different from passport:			
Title Mrs/Ms/Miss					
SINGLE / TWIN – 2 BEDS (please Your mobile number	e circle) DOB	Title: Mrs/Ms/Miss Mobile	DOB		
TAANZ Agency /Broker:		Their telephone			
Travel agent/broker Email:		Client email			
I would like to share twin room with Special requirements eg vegetarian					
I am not travelling with any other person but would like to be matched up in a share twin if this is available, otherwise I will pay the single supplement. (Twin share on application).					
If for any reason whilst travelling I elect to have a single room, (subject to availability) a single supplement will be charged.					
Medical conditions: If you are required to fill out a PRE EXISITING-CONDITION form on your medical insurance policy or have any limitations on fitness, you must advise Innovative Travel. Tour programmes always including walking over uneven ground; therefore, it is essential to be able to walk a minimum of 1 km. If you have physical limitations, please state					
ANYONE OVER 75 REQUIRES A CERTIFICATE FROM THEIR DOCTOR STATING THEY ARE FIT TO TRAVEL Innovative Travel will only accept clients with physical limitations if they do not inhibit another traveller. Final acceptance is subject to the approval of Innovative Travels medical advisors.					
FLIGHT DETAILS: to/from CHC in	f required.				
Arrival date	Arrival Flight	Time			
Departure date	Departure Flight				
PASSPORT DETAILS Please enclose a photocopy of your passport with reg form		PASSPORT DETAILS Please enclose a photocopy o	f your passport with reg form		
Nationality:	Passport No:	Nationality:	Passport No:		
Date of Birth:		Date of Birth:			
Date issued:	Expiry:	Date issued:	Expiry:		
CONTACT IN CASE OF EMERGENCY: Name/ Relationship Tel No Address					
SPECIAL TOUR CONDITIONS : The tour is subject to a minimum of 10 participants and the price will vary if less than 10 travelling. The Tour itinerary may change due to local conditions. Other conditions listed on full tour itinerary.					
Payment to: Westpac Bank 031592011439800 The Innovative Travel Trust Ac – ref: 135498/your surname Interim deposit of \$750 required within 7 days of acceptance of registration. Interim deposit of \$3,000 due 01 May 2024 Final payment is due by 01 Aug 2024. Please read the tour itinerary for cancellation fees and other conditions. Refer to <u>www.innovativetravel.co.nz</u> for general terms and conditions.					
I have read the specific tour conditions listed at the conclusion of the itinerary. I accept the Tour Conditions for this tour and the general terms and conditions on <u>www.innovativetravel.co.nz</u> I will take a full travel insurance including pandemic cover, prior to my departure and forward a copy.					
SIGNATURE	DATE				