

**REGISTRATION FORM: Ancient Wonders & Biblical History tour, hosted by Mike and Nicky Doyle. Departs Cairo: 25 April 2024**

<p><b>NAME</b> Preferred first name if different from passport:  Surname:  Title Mr/Mrs/Ms/Miss Age SINGLE / TWIN – 2 BEDS / DOUBLE – 1 BED Your mobile number</p>	<p><b>ACCOMPANYING PARTNER (if applicable)</b> Preferred first name if different from passport:  Surname:  Title: Mr/Mrs/Ms/Miss Age</p>
TAANZ Agency /Broker:	Their telephone
Travel agent/broker Email:	Client email
<p>I would like to share twin room with _____ Special requirements e.g., vegetarian _____</p> <p><input type="checkbox"/> 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 not guaranteed)</p> <p><input type="checkbox"/> If for any reason whilst travelling I elect to have a single room, (subject to availability) a single supplement will be charged.</p>	
<p><b>Medical conditions: If you are required to fill out a PRE EXISTING-CONDITION form on your medical insurance policy or have any limitations on fitness, you must advise Innovative Travel.</b> <b>Tour programme will include walking over ancient uneven ground; therefore, it is essential to be able to walk a minimum of 1 km unaided. If you have physical limitations, please state.....</b></p> <p><b>ANYONE OVER 75 REQUIRES A CERTIFICATE FROM THEIR DOCTOR STATING THEY ARE FIT TO TRAVEL</b> <b>Innovative Travel will only accept clients with physical limitations if they do not inhibit another traveller.</b> <b>Final acceptance is subject to the approval of Innovative Travels medical advisors.</b></p>	
<p>FLIGHT DETAILS: If travelling separately to the group</p> <p>Arrival date _____ Arrival Flight _____ Time _____</p> <p>Departure date _____ Departure Flight _____ Time _____</p>	
<p><b>PASSPORT DETAILS</b> <b>Please enclose a photocopy of your passport with reg form</b></p> <p>Nationality: _____ Passport No: _____</p> <p>Date of Birth: _____</p> <p>Date issued: _____ Expiry: _____</p>	<p><b>PASSPORT DETAILS</b> <b>Please enclose a photocopy of your passport with reg form</b></p> <p>Nationality: _____ Passport No: _____</p> <p>Date of Birth: _____</p> <p>Date issued: _____ Expiry: _____</p>
<p><b>CONTACT IN CASE OF EMERGENCY:</b> Name/ Relationship _____ Tel No _____ Address _____</p>	
<p><b>Optional tours:</b> A. I would like to reserve the pre tour Anzac option, arriving in Cairo 24 April YES/NO B. Golf in Cairo YES/NO C. Golf in Aqaba YES/NO D. Abu Simbel Tour ex Aswan YES/NO E. Coptic Cairo Tour YES/NO</p>	
<p>SPECIAL TOUR CONDITIONS : The tour is subject to a minimum of 20 participants and the price may vary if less than 20 travelling. The Tour itinerary may change due to local conditions. Other conditions listed on full tour itinerary.</p>	
<p>To register: email <a href="mailto:info@innovativetravel.co.nz">info@innovativetravel.co.nz</a> and forward with a scan of the registration form. Or advise registration request by email and post form to PO Box 21 247, Christchurch 8013. Payment to: Westpac Bank 031592011439800 The Innovative Travel Trust Ac – ref: INOB 142859 /your surname. Interim deposit of \$3,00 required within 7 days of acceptance of registration. Interim deposit of \$3,500 due 18 Oct 2023. Final payment is due by 01 Feb 2024. Please read the tour itinerary for cancellation fees and other conditions. Refer to <a href="http://www.innovativetravel.co.nz">www.innovativetravel.co.nz</a> for general terms and conditions. Travel insurance is compulsory. A copy must be forwarded final to dispatch of final documentation.</p>	
<p>I have read and accept the Tour Conditions. Date _____ Signed. _____</p>	