

REGISTRATION FORM for small group tour Anzac Day 2024

<p>CLIENT NAME</p> <p>Title Mr/Mrs/Ms/Miss Age Smoker YES / NO DBL – one bed / Twin – two beds / Single</p>	<p>ACCOMPANYING PARTNER</p> <p>Title Mr/Mrs/Ms/Miss Age Smoker YES / NO</p>
Address Client mobile contact when travelling	Client Email
Travel Agency / broker Consultant	Agent Email
<p>If you have any special /family involvement relating to places visited on the tour eg relatives fought/lost lives in the war – please let us know details including relationship/regiment/if buried overseas – name of grave site etc.....</p>	
Special requirements eg vegetarian....	
<p>I would like to share twin room with _____ (if different from above)</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. If a non-smoking is sharing with a smoker a NON-SMOKING room will be reserved. (Share twin is on request only) If for any reason whilst travelling you elect to have a single room (subject to availability) a single supplement will be charged, a change will be permitted only if a room is available.</p>	
<p>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 at the time of reservation. All participants over 75 years old require a letter from their doctor to certify they are fit to travel.</p> <p>Tour programmes always including walking, on this tour there is a walk of at least 7km uphill from Anzac Cove to Chunuk Bair, therefore it is essential to be able to walk this unaided. Special assistance can be booked through government agency NZDF. We need to know if this has been arranged.....</p> <p>If you have physical limitations, please state..... Innovative Travel will only accept clients with physical limitations if they do not inhibit other travellers or have their own care giver travelling with them. Final acceptance is subject to the approval of Innovative Travels medical advisors.</p>	
<p>Arrival flight details: flight number time.....</p> <p>Departure flight details: flight number time.....</p>	
<p>PASSPORT DETAILS - PLEASE ENCLOSE A COPY OF PASSPORT DETAILS WHEN SENDING IN REG FORM</p> <p>Nationality: Passport No: Date of Birth: Date issued: Expiry:</p>	<p>Accompanying partners passport details:</p>
<p>CONTACT IN CASE OF EMERGENCY: Name/ Relationship Their tel No- homeMobile..... Address</p>	
<p>SPECIAL TOUR CONDITIONS: The tour itinerary may change due to local conditions. Other conditions listed on full tour itinerary. The tour is subject to a minimum of 10 participants and the price will vary if less than 10 travelling. Costs are subject to currency fluctuations. I enclose NZD 500pp non-refundable registration/deposit. The deposit is deemed as acceptance of terms and conditions. Interim deposit of \$1000 pp is required by 10 Dec 2023 Final payment is due by 10 February 2024 Cancellation fees: Registration – 09 Dec 23 -deposit: \$500 pp; 10 Dec-09 Feb \$1500pp, 10 Feb -departure 100%. Failure to pay on due dates will result in cancellation of your tour.</p>	
<p>I accept the Tour Conditions of the Ancient Kingdoms Tour brochure and the special Anzac 2024 tour conditions specified on the full itinerary. I will take a full travel insurance cover prior to my departure and forward a copy. See www.innovativetravel.co.nz for general terms and conditions.</p>	
<p>SIGNATURE _____ DATE _____</p>	