

The Travel Companions.Club Special tour of Tasmania Registration Form:

CLIENT NAME AS PER PASSPORT Preferred first name if different from passport: Title: Mr/Mrs/Ms/Miss Age: _____ Smoker: YES / NO DBL – one bed/Twin – two beds / Single	ACCOMPANYING PARTNER/FRIEND Preferred first name if different from passport: Title: Mr/Mrs/Ms/Miss Age: _____ Smoker: YES / NO
Email _____ CLIENT	
Emergency mobile contact when away _____	
Travel Agency Consultant DX no	Home address:
Special requirements e.g., vegetarian	
I am registering for the Tasmanian Tour YES	
If not travelling with partner/friend...I would like to share twin room with _____	
<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)	
If for any reason whilst travelling you 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 EXISTING-CONDITION form on your medical insurance policy or have any limitations on fitness, you must advise The Travel Companions.Club. Tour programmes always including walking; therefore, it is essential to be able to walk upstairs and in the outdoors which at times could be on rough and uneven surfaces. If you have physical limitations, please state.....	
ANY PARTICIPANT OVER 75 REQUIRES A CERTIFICATE FROM THEIR DOCTOR STATING YOU ARE FIT TO TRAVEL The Travel Companions.Club 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 The Travel Companions.Club medical advisors.	
Travel Agent/Broker: _____ Agency _____	
Contact Phone _____ City _____	
Departure date from New Zealand	
Arrival Hobart on 09 Mar 23. Flight No _____ Time _____ (Please arrive by 5 pm to the hotel).	
Departure flight from Launceston Flight Number _____ Time _____	

