

Booking Application Form

Please carefully read our Terms and Conditions. This form must accompany a signed Waiver, Release and Indemnity Form as well as a deposit. Fax this form to: Small World Journeys + 61 7 4032 1590 or mail to: PO Box 6267 Cairns, QLD 4870 Australia

Traveller No. 1

Traveller No. 2

Trip Date:	
Name:	Name:
Street Address:	Street Address:
City/State/Post Code:	City/State/Post Code:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile:	Mobile:
Fax:	Fax:
E-Mail:	E-Mail:
Birthdate: <i>DD/MM/YYYY</i>	Birthdate: <i>DD/MM/YYYY</i>
Nationality:	Nationality:
Occupation:	Occupation:
How did you hear about us?	How did you hear about us?
I am a: <input type="checkbox"/> Smoker <input type="checkbox"/> Non-Smoker	I am a: <input type="checkbox"/> Smoker <input type="checkbox"/> Non-Smoker
Diet: <input type="checkbox"/> Vegetarian <input type="checkbox"/> No Red Meat <input type="checkbox"/> Gluten-Free <input type="checkbox"/> Allergic to Nuts	Diet: <input type="checkbox"/> Vegetarian <input type="checkbox"/> No Red Meat <input type="checkbox"/> Gluten-Free <input type="checkbox"/> Allergic to Nuts
Other Dietary:	Other Dietary:
Describe Any Medical Conditions: (Use extra page if necessary)	Describe Any Medical Conditions: (Use extra page if necessary)

Exercise Routine:

Exercise Routine:

Medications:

Medications:

ACCOMMODATION

- I am travelling alone. Please assign me a roommate.
- I prefer the single supplement if available.
- I will share a room with _____ and we prefer:
 - Single beds
 - A double bed
 - A triple

ACCOMMODATION

- I am travelling alone. Please assign me a roommate.
- I prefer the single supplement if available.
- I will share a room with _____ and we prefer:
 - Single beds
 - A double bed
 - A triple

AT THE GREAT BARRIER REEF

- I prefer to snorkel.
- I am a certified SCUBA diver. Please include the dive package on my invoice.
- I am not a certified diver, but I may want to try an Intro Dive (payable on board).

AT THE GREAT BARRIER REEF

- I prefer to snorkel.
- I am a certified SCUBA diver. Please include the dive package on my invoice.
- I am not a certified diver, but I may want to try an Intro Dive (payable on board).

- I/We plan to obtain travel insurance from World Nomads
- I/We plan to obtain insurance from another provider
- I/We have been offered travel insurance but do not intend to purchase it:

Signature of person declining insurance

Signature of person declining insurance

I have read and understood the Terms and Conditions and the Waiver, Release and Indemnity. I agree that it is a condition of booking that Small World Journeys received a signed booking application form and a Waiver, Release and Indemnity form (from everyone in the travelling party) and the required deposit (in clear funds) before the booking may be confirmed.

Signature Traveller No. 1

Signature Traveller No. 2

Date

Legal guardian must sign for all travellers under age 18

I authorise Small World Journeys to charge payment to my: Visa Master Card

For: deposit only full payment Other _____

AUD\$ _____
amount

_____ card number

_____ expiration date MM/YY

Name as it appears on card

_____ authorising signature

3-digit CCV Number on back of card