

TERRANOVA HOLIDAYS BOOKING FORM

PLEASE COMPLETE, SIGN AND RETURN THIS FORM, WITH YOUR DEPOSIT PAYMENT TO TERRANOVA HOLIDAYS, 960 CENTRAL COAST HWY, FORRESTERS BEACH NSW 2260

TOUR NAME & DATE OF DEPARTURE:

PICKUP LOCATION:

PASSENGER 1	PASSENGER 2
PLEASE PRINT	PLEASE PRINT
Title: (Mr/Mrs/Ms/Miss/Other)	Title: (Mr/Mrs/Ms/Miss/Other)
Surname:	Surname:
Name or known as:	Name or known as:
Phone:	Phone:
Mobile:	Mobile:
Email Address:	Email Address:
Address:	Address:
Suburb:	Suburb:
State: Postcode:	State: Postcode:
Emergency Contact:	Emergency Contact:
Name:	Name:
Phone:	Phone:
Mobile:	Mobile:
Specify medical dietary requirements (not preferences):	Specify medical dietary requirements (not preferences):

ROOM PREFERENCE: (Subject to Availability)

QUEEN BED

GROUND FLOOR

TWIN BEDS

1ST FLOOR

PLEASE RETAIN FOR OWN RECORD

TERMS AND CONDITIONS

- Tour itinerary is a guide only and although Terranova Holidays will make every considerable effort to adhere to the itinerary, we reserve the right to make any changes to itinerary or coach carrier.
 - Luggage should not exceed more than one medium suitcase at 20kg per person. A day bag may be used onboard the coach.
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CANCELLATIONS POLICY

- . **CANCELLATIONS OUTSIDE OF TWO MONTHS OF DEPARTURE DATE WILL INCUR A \$200 ADMINISTRATION FEE PER PERSON.**
- . **CANCELLATIONS ADVISED INSIDE OF TWO MONTHS OF THE DEPARTURE DATE OR FAILURE TO BOARD THE TOUR ON THE DEPARTURE DATE—NO REFUND OR TRANSFER**

PASSENGER DECLARATION

I agree to and accept the above terms and conditions set out by Terranova Holidays.

Passenger 1: (please print) _____ Sign: _____ Date: _____

Passenger 2: (please print) _____ Sign: _____ Date: _____

HOW CAN I PAY ?

Send a deposit of \$200 per person with this booking form.

TRAVEL INSURANCE IS HIGHLY RECOMMENDED

1. Cheque , Bank Cheque or Money Order, made out to TERRANOVA HOLIDAYS and send to
960 CENTRAL COAST HWY, FORRESTERS BEACH NSW 2260
OR
2. Direct Deposit to ANZ: TERRANOVA HOLIDAYS-- BSB: 012-720
ACCOUNT NUMBER: 2146-57454. Your name must be accompanied with this payment.
OR
3. Visa or MasterCard.

Name on Card:

Card Number:	Expiry Date:
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Visa / MasterCard – will incur a 1.5% surcharge

FINAL PAYMENT IS DUE 2 MONTHS PRIOR TO DEPARTURE.