



# Booking Form

No Reservation will be confirmed until a signed booking form and full deposit has been received by LaCity Travel

Tour name		Departure Date & City	
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### Travellers Information (As Per Passport):

Title	Family Name	First name	Birth Date	Passport No.	Expiry Date

### Passenger Contact Details

Postal Address:				Postcode:	
Phone(H/B)		Mobile:		E-mail:	

### Medical/Special Requirements and Special requirements on tour

Medical/Special Requirements:	
Dietary Requirements:	
Rooming Requests: Twin <input type="checkbox"/> Single <input type="checkbox"/> Single/Willing to Share <input type="checkbox"/>	Smoking/ Non Smoking Yes <input type="checkbox"/> No <input type="checkbox"/>

### Emergency Contact Details

Name:	Phone	Relationship to Passenger:
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### Travel Insurance

It is compulsory when travelling with LaCity Travel and must be purchased before the final balance is paid.

### Declaration:

On behalf of the person(s) named I / we have read, understood and agreed to abide by the Terms, conditions and responsibilities as outlined. All persons named on this form are fit and physically able to participate in tours unaided and travel throughout the destinations described.		
Name:	Signature:	Date:

### Travel Agent Information (Travel Agent Use Only)

Agency:	Licence No.	ABN No.
Postal Address:		
Consultant:	Phone:	Fax:
E-mail:		

### Payment

Payment by Credit Card will be accepted without surcharge for DEPOSITS ONLY

Bankcard <input type="checkbox"/>	Visa <input type="checkbox"/>	Master card <input type="checkbox"/>
Card Number:	Expiry Date:	Amount (AU\$):
Card Holder's Name:	Signature:	

Direct Deposit to LaCity Travel BSB: 032016

ACC: 333914

Please return the fully completed booking form to: LaCity Travel  
Suite 101, Level 1, 276 Pitt Street, Sydney 2000 NSW

Tel: (02) 92611422 Fax: (02) 92611458 Email: [sales@lacitytravel.com.au](mailto:sales@lacitytravel.com.au)

<http://www.lacitytravel.com.au>