CLUB TOURS
& TRAVEL

# Best Of South Africa

## 25th August 2011 – 10th September 2011

## Booking Reservation Form

| **PASSENGER DETAILS** (Please list details as they appear in your passport) | | | | | |
|---|---|---|---|---|---|
| | SURNAME | GIVEN NAMES | TITLE | DATE OF BIRTH | AGE |
| 1 | | | | | |
| 2 | | | | | |
| Address: | | | | | |
| Telephone: | Home: | Bus: | Mobile: | Fax: | |
| Email: | | | | | |

| **PASSPORT DETAILS** | | | | |
|---|---|---|---|---|
| | PASSPORT NUMBER | NATIONALITY | PLACE OF ISSUE | EXPIRY DATE |
| **1** | | | | |
| **2** | | | | |

| **TOUR DETAILS** | | | | |
|---|---|---|---|---|
| Economy Class Air Fare: | | Business Class Air Fare Upgrade: | | |
| Flight Dietary Requests: | 1 | | 2 | |
| Special Dietary Requests on Tour: | 1 | | 2 | |
| Cruise Cabin Category: | | | | |
| Accommodation: | Single Supp: | Twin: | Double: | Share/Twin: |
| Smoking or Non Smoking Accommodation: | | | | |

**Deposit Payment Details**:

I wish to pay by: Cash ☐ Cheque ☐ Visa ☐ Mastercard ☐

Deposit Amount: $1,000 per person x _____ persons = $ _____

Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiry Date: ☐☐☐☐

Name on Credit Card: _____ Cardholder's Authorization number: _____

We/I have read and agree to all terms and conditions set out by Club Tours, on behalf of all persons named on this booking form, in relation to the Best of South Africa Tour 2011. I enclose my deposit of $1, 000.00 per person to secure my position on this tour, and am aware cancellation and / or amendment fees may now apply. Full Terms & Conditions are available on our website: *www.clubtours.com.au*

PASSENGER SIGNATURE: _____ DATE: _____

The booking form and deposit (**cheques payable to "Club Tours"**) are to be returned to:


**CLUB TOURS**
**P.O. Box 7134, Dandenong, VICTORIA 3175**
**Ph: 1300 722 683 Fax: (03) 9706 7197**
**ABN: 28 591 390 450 Lic. No. 32615**