



TWILIGHT TRAVEL & TOURS

PO BOX 54 145, The Marina, Auckland 2144
Phone: 09 533 0453 or 0800 999 887 | bookings@twilighttravel.co.nz

NZ TOUR BOOKING FORM

Please complete this form and return as soon as possible with your tour deposit. This form enables us to finalise your travel arrangements.

TOUR: _____ DEPARTURE DATE: _____

1. Please complete below your full names as per your passport or identification

Passenger One

Dr/Mr/Mrs/Ms/Miss: _____
First Names (as per passport or identification) Surname

Frequent Flyer Number Airline Date of Birth Preferred name for name badge

Email: _____ Mobile: _____

Address: _____ Tel No: _____
Post Code

Passenger Two (if residing at a different address than Passenger One, please complete a separate form)

Dr/Mr/Mrs/Ms/Miss: _____
First Names (as per passport or identification) Surname

Frequent Flyer Number Airline Date of Birth Preferred name for name badge

Email: _____ Mobile: _____

2. Home Collection/Drop Off Service - If not your home address, please indicate below address to be collected from.
(Applicable for pickups in Auckland and other cities if stipulated in tour inclusions. If departing earlier or extending your holiday the home collection or drop off service is not available)

_____ Tel No: _____

3. Accommodation

Please indicate the type of room you would like: **SINGLE / TWIN SHARE**

If you are travelling by yourself and would like to twin share, we will do our utmost to match you with a suitable participant. In the event we are unable to match you with someone, the single room supplement will be charged.

If you are a couple please indicate whether you prefer one double or two single beds: **DOUBLE / SINGLE**

4. Are there any special requests, dietary requirements or celebrations during this tour? Please state below.

5. Do you have any medical conditions or allergies you feel we should be aware of? Please state below.

6. Travel Insurance

We strongly recommend Travel Insurance. It is recommended that insurance be purchased at time of paying deposit.

Would you like us to arrange this? **NO / YES - Please complete form on reverse.** Premium enclosed \$ _____

Please refer to the tour brochure for premiums or contact us for further information.

7. Deposit - I have paid my deposit / travel insurance via:

Internet Banking: Date: _____ Total: \$ _____ Reference: _____

ASB, Travel Managers Group 12-3209-0116403-16 Ref:: tour reference & your name

Credit Card. We accept Visa or Mastercard, which is subject to a 2% surcharge. Please phone us on 0800 999 887 to facilitate a credit card transaction.

8. Please give us details of someone we can contact in the event of emergency whilst you are on holiday.

Name: _____ Relationship: _____ Tel No: _____

I have read and accepted the booking terms and conditions: _____ / ____ / ____
Signed Date



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Application Form CoverMore YourCover Travel Insurance

Policy number (agent must complete)

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1. Please complete below your full name(s) as per your passport or identification (if Passenger 2 resides at a different address, please complete a separate form)
Title _____ First Names (as per passport or identification) _____ Surname _____ Date of Birth _____

1) _____

2) _____

Address: _____

_____ Tel No: _____
_____ Post Code _____

Email: _____ Mobile: _____

2. Policy and Travel Details (tick one)

Single Trip
Area of Travel _____ Country most time spent in _____ Travel start date ____/____/____ Travel end date ____/____/____ Travel duration (# of days) _____

Annual Multi-Trip
Area of Travel _____ Travel start date ____/____/____ Maximum duration per trip (days) _____
If travelling domestic in NZ, AUS, Sth Pacific 15 30
If travelling to the rest of the world 30 45 60

3. Insurance Options - Please select all relevant

Domestic Comprehensive cover YourCover (per person). Covers cancellation up to \$10,000, medical, travel delay, missed connections, Covid-19 benefits, etc. Full list of benefits on p4-5 of Policy Wording & Covid-19 Benefits Guide.

OR

Domestic Cancellation Only Plan (per person): Covers cancellation only up to: \$200 \$400 \$600 \$800 \$1500

International Plan Only: Add cancellation cover:

Include all prepaid travel tickets, hotels, tours or other travel related expenses for all travellers on this policy.

Single Trip: enter the value of this trip. \$ _____ Annual Multi Trip: enter your highest trip value \$ _____

Choose your excess: Domestic: fixed at \$25 International: \$Nil \$100 \$250

Existing Medical Conditions: This applies only to conditions not listed under the heading Conditions We Automatically Cover that does not meet the requirements for automatic cover. See Travel & Health section of the Policy Wording. Conditions that require assessment (extra cost applies): List travellers who require cover. A medical assessment will need to be completed. Please contact Twilight Travel & Tours for more details.

Increase luggage item limit (refer to p10 of policy wording). If more space needed, please continue on a separate page.

Item description: _____ Increase the item limit by: \$ _____

Item description: _____ Increase the item limit by: \$ _____

Declaration

- I have read and understood the Policy Wording dated 27 July 2022 that was given to me before I applied for this insurance.
- I understand that this policy does not automatically cover some Existing Medical Conditions or some known pregnancies and that some limits and policy conditions will apply.
- I understand my duty of disclosure and declare all information supplied to Cover-More is accurate and complete for myself and anyone else covered on the policy.
- I have been advised of any current Cover-More travel advice.
- I am aware that my personal information (including sensitive information where relevant) may be used and disclosed in accordance with the Privacy Notice found in the Policy Wording.

Passenger One: _____ Signed _____ Date ____/____/____

Passenger Two: _____ Signed _____ Date ____/____/____