



TWILIGHT TRAVEL & TOURS

PO BOX 54 145, The Marina, Auckland 2144
Phone: 09 533 0453 or 0800 999 887 Fax: 09 533 0443

BOOKING FORM

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

TOUR: Chatham Islands

DEPARTURE DATE:

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

Passenger One

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

_____ Date of Birth Preferred name for name badge

Email: _____ Mobile: _____

Address: _____ Tel No: _____
Post Code

Passenger Two

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

_____ Date of Birth Preferred name for name badge

Email: _____ Mobile: _____

2. Home Collection/Drop Off Service

(Applicable for pickups in Auckland and Wellington as stipulated in tour inclusions. If departing earlier or extending your holiday the home collection or drop off service is not available). If not your home address, please indicate below address to be collected from.

_____ Tel No: _____

3. Accommodation

Please indicate the type of room you would like.

Room with private en-suite **SINGLE / TWIN SHARE** OR Room with shared facilities **SINGLE / TWIN SHARE**

If you are a couple please indicate whether you prefer one double (queen/king size) 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? **YES / NO 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:

Cheque (enclosed) OR Internet Banking Date: _____ Total: \$ _____ Reference: _____

Please make cheques payable to Travel Managers Group

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

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

Application Form YourCover Travel Insurance

Cover·More

TRAVEL INSURANCE

Effective 21 November 2018

Policy number (agent must complete):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Traveller and contact details

Adult traveller(s)

#	Title	First name	Surname	D.O.B
1				/ /
2				/ /

Children and infants (under 21 years)

#	Title	First name	Surname	D.O.B
3				/ /
4				/ /
5				/ /

Contact details

Street address		
Suburb	City	Postcode
Daytime phone ()	Mobile	
Email		

Policy and travel details

Single Trip	Area of travel	Country most time spent in	Travel start date	Travel end date	Travel duration
			/ /	/ /	

OR

Annual Multi-Trip	Area of travel	Travel start date	Maximum duration per trip (days) If travelling domestic in NZ, Australia or South Pacific	If travelling to the rest of the world
<input type="checkbox"/>		/ /	15 <input type="checkbox"/> 30 <input type="checkbox"/>	30 <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/>

Options to vary cover

Add cancellation cover International Plan only 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	<input type="text" value="\$"/>
Domestic Cancellation Plan (per person) \$200 <input type="checkbox"/> \$400 <input type="checkbox"/> \$600 <input type="checkbox"/> \$800 <input type="checkbox"/> \$1,500 <input type="checkbox"/>	Choose your excess: International Plan: \$Nil <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/>	
Increase luggage item limit: Tick to increase <input type="checkbox"/> Item description: <input type="text"/> Increase the item limit by: <input type="text" value="\$"/>	Domestic plan excess fixed at \$25 Additional cover: Cruise Cover <input type="checkbox"/> Adventure Activities <input type="checkbox"/> Cancel for Any Reason <input type="checkbox"/> Adventure Activities + <input type="checkbox"/> Snow Sports <input type="checkbox"/> Motorcycle/Moped riding cover+ <input type="checkbox"/> Snow Sports + <input type="checkbox"/>	
Existing Medical Conditions/pregnancy: This applies only to conditions not listed under the heading Conditions We Automatically Cover or Pregnancy that does not meet the requirements for automatic cover. See Travel and Health section of the Policy Wording.	Conditions that require assessment (extra cost applies): List travellers who require cover (e.g. travellers 1 & 3)	<input type="text"/>

Declaration

- I have read and understood the Policy Wording dated 21 November 2018 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.

#	Applicant signature(s)	Date
1		/ /
2		/ /

Note: If you need additional space, please provide extra information on a separate sheet.