

TOUR ENROLMENT FORM



TITLE OF TOUR _____

Departure Date of
Tour _____

I declare that I have read and understood the attached Tour Enrolment Conditions and I agree that the said Conditions and this Tour Enrolment Form shall constitute the entirety of the contractual relationship between myself and WEA Travel. I agree to be bound by and subject to the said conditions contained in the Tour Enrolment Conditions.

SIGNED _____

DATE _____

One name only per enrolment form.

All tour participants must sign above before tour deposit or tour fee is accepted.

Please send a photocopy of first page of passport (if you have one) with this form. Photocopy enclosed YES/NO

Have you travelled with WEA Tours before Yes/No

Office Use

Please print name in full, as in passport or birth certificate if you do not yet have a passport.

Mr/Mrs/Miss/Ms _____
First Middle Surname

NICKNAME (if applicable) _____

ADDRESS ** _____ POSTCODE _____

PHONE (Work) _____ (Home) _____ (Mobile) _____ DATE OF BIRTH _____

OCCUPATION _____ EMAIL ADDRESS _____

NATIONALITY _____ PASSPORT NO. _____ EXPIRY DATE _____

If you are not a resident of South Australia, which capital city do you want to depart and return to? _____

MEDICAL Do you have any medical conditions or do you take any medication of which we should be aware? _____

DIETARY _____

SINGLE / DOUBLE / TWIN - I wish to share with _____

Singles opting to twin share please note a room share partner cannot be guaranteed and a single supplement will apply in this situation

PAYMENT – A deposit is required to hold your place in this tour. Enclosed payment of \$ _____

CASH CHEQUE / MONEY ORDER

BANKCARD / MASTERCARD / VISA (Please circle) NO: _____/_____/_____/_____

CARDHOLDER'S NAME _____ EXP. DATE _____

CARDHOLDER'S SIGNATURE _____

Please return this form with your deposit or fee to WEA Travel

** If you have a post office box address please also indicate a street address