

# TOUR BOOKING FORM

# South Island ESCAPE



ANOTHER MAD MIDLIFE ADVENTURE – 12 GLORIOUS DAYS – NOVEMBER 2020



Please book my place on your **Nov 2020** tour:  
**MIDLIFE MADNESS IN THE SOUTH ISLAND**

Mr/Mrs/Miss/Ms .....  
*(please circle)*

Age ..... Date of Birth ...../...../..... Nationality ..... *(e.g. New Zealand, British)*

Name you prefer to be called by .....

Address .....

Phone ..... *hm / wk* Mobile .....

Email address ..... Airpoints No .....

Have you been on a **previous** Midlife Madness tour or cruise? *(please circle)* YES-NO

I wish to fly to-&-from Christchurch for this tour: please arrange my **RETURN FLIGHTS & HOTEL TRANSFERS**, and add the cost to my final invoice *(please circle)* YES-NO

I am interested in doing **EXTRA TRAVEL** after the tour has ended on November 12 at our Christchurch hotel *(please circle)* YES-NO

### HOTEL ACCOMMODATION

Please arrange *(tick one)*  single room (I will pay the extra SINGLE price)  
 share double (room with double bed – available on request)  
 share twin (room with twin beds)

I am *(tick one)*  travelling with ..... (name)  
 travelling alone

### AGE, HEALTH & FITNESS:

*Important: Please read the ABOUT YOU section – page 6/7 of this InfoPack. If you have any health or mobility issues, or you're 75 years old (or over), you and your doctor will need to complete a Medical Certificate – available from House of Travel Ellerslie.*

Do you have any health/fitness/mobility problems that we should be aware of?  
*(If necessary, please explain on a separate page)*

Is there any illness or disability for which you are on permanent medication?  
*(If necessary, please explain on a separate page)*

Do you require special meals while on tour (e.g. gluten-free or vegetarian)?

**FAMILY CONTACTS IN NZ:** NAME #1 .....

Relationship ..... Ph..... *(home/work)*

Email ..... Ph..... *(mobile)*

NAME #2 .....

Relationship ..... Ph..... *(home/work)*

Email ..... Ph..... *(mobile)*

### PLEASE NOTE:

- Carefully complete ONE FORM PER PERSON.
- POST** your completed Booking Form plus deposit and Travel Insurance Application to:  
**HOUSE OF TRAVEL  
 PO BOX 11164  
 ELLERSLIE  
 AUCKLAND 1051**
- For all enquiries phone House of Travel Ellerslie (toll-free):  
**0800 323 333**

### DEPOSIT ... *(please sign and date)*

Yes, I accept the Booking Conditions for the **2020 SOUTH ISLAND TOUR**, and enclose my deposit of **\$750** per person.

Please acknowledge my booking, and send me my receipt.

Signed .....

Date .....

### INSURANCE: *(please tick one)*

- I would like to take out your **RECOMMENDED TRAVEL INSURANCE** (and claim the discount of up to 20%). Please send me a quote and further information.
- I'm taking out MY OWN insurance.  
*Important: please send a copy of your policy document (showing Insurance Co, details & emergency phone numbers) to House of Travel Ellerslie.*

### PAYMENT METHOD: *(please tick one)*

- I enclose my CHEQUE for \$.....  
*Please make your cheque payable to House of Travel Ellerslie*
- I'm paying ONLINE by CREDIT CARD or DIRECT CREDIT  
*Please ask House of Travel Ellerslie for a secure link and their bank account details – phone Glen on 0800 323 333.*