

SOUTH AM TOURS

BOOKING FORM

TOUR NAME & DATE _____

ROOM TYPE : SINGLE TWIN DOUBLE

PASSENGERS DETAILS

TITLE	FULL NAME	EMAIL
NATIONALITY :		PASSPORT No. :
DATE OF BIRTH :		
TITLE	FULL NAME	EMAIL
NATIONALITY :		PASSPORT No. :
DATE OF BIRTH :		

CLIENT ADDRESS _____

I/We are sending AUD being the correct deposit payment.

I/We agree to pay the balance 70 days before departure.

I/We understand and accept the terms and conditions shown on our website.

I/We are aware that valid passports are my/our responsibility.

I/We are aware that to protect myself/ourselves against unforeseen circumstances, travel insurance is strongly recommended.

WARNING - We keep a light cool temperature at all times in our coaches like in any aircraft. We cannot adjust it up and down to suit individual requirements.

1. Signature2. SignatureDate

SOUTH AM TOURS PTY LTD (incorporated in 1996)

LIC 9TA993 A.C.N. 074 714 015

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