

AUSWALK BOOKING FORM

PERSON ONE First Name _____ Last Name _____ Age: _____ Date of Birth: _____

Address _____ Postcode _____ Country _____

Ph (BH) _____ Ph (AH) _____ Mobile _____ Fax _____ Email _____

Medical conditions: _____ Special dietary needs eg. allergies, don't eat red meat etc. _____

PERSON TWO First Name _____ Last Name _____ Age: _____ Date of Birth: _____

Address _____ Postcode _____ Country _____

Ph (BH) _____ Ph (AH) _____ Mobile _____ Fax _____ Email _____

Medical conditions: _____ Special dietary needs eg. allergies, don't eat red meat etc. _____

Name of walking holiday _____ Self-Guided or guided? _____ Duration ____ days

Preferred start date _____ Second choice of start date _____ Double/twin/single room _____

Travel insurance is recommended. Would you like us to send a policy (Australians only) _____ Arrival method and approximate time _____

Final documents can be mailed anywhere in Australia free of charge or to NZ for \$20 or \$35 to other countries. Please provide a mailing address (if different to above) and your arrival date at this address. _____

How did you find out about Auswalk? (If you found us on the web, we are interested to know what you searched for) _____

A deposit of \$200 per person is required at the time of booking. The balance is due one month prior to travel. If your holiday starts in less than one month, you must pay in full now.

I/we agree to the booking conditions in the Auswalk brochure and have made payment for the deposit / full payment in the following manner (tick one).

___ Cheque / money order for \$ _____ Mail to AUSWALK PTY LTD, 4 RED GUM LEASE TRACK, HALLS GAP VIC 3381, AUSTRALIA

___ Payment of \$ _____ has been made into Auswalk's bank account on _____ (date). Please use your Last Name as the reference.

From within Australia: BSB: 704-191. Account # 82741. Account name: Auswalk P/L

From overseas: BSB: 063-113. Account #10277775 for further credit of Auswalk # 82741 (You must quote all of this). SWIFT #CTBAU2S

___ Please charge my credit card with \$ _____ (Visa/Mastercard). Card # _____ / _____ / _____ / _____

Expiry date: ____ / ____ Would you like us to charge the same card with the balance payment one month prior to your trip? _____

Signed by Person One: _____ Signed by Person Two: _____

OFFICE USE ONLY

Date Rec'd: _____

Amount: \$ _____

Method: _____