



BOOKING FORM & DETAILS

Montessori's Italy

29 October – 05 November 2022

Tour Leaders: Roelie Hartwig & Karin Slabaugh

Please complete this form, printing clearly. Save/print & scan the completed form and email to:
montessoritoursandtravel@gmail.com

PASSENGER ONE

Your title (Ms, Mrs, Mr, Dr, etc.) _____

Your full name as it appears in your passport _____

Preferred first name _____ Date of Birth _____

Postal Address _____

Email _____

Phone / Mobile _____

Nationality _____

Emergency Contact Name (not travelling with you) _____

Relationship to you _____ Contact Number _____

Dietary Requirements or Allergies _____

PLEASE INDICATE BELOW IF YOU HAVE ANY SERIOUS HEALTH ISSUES THAT MAY AFFECT YOUR PHYSICAL CAPACITY TO UNDERTAKE SOME ACTIVITIES ON TOUR OR MAY OTHERWISE NEED TO BE CONSIDERED BY THE TOUR LEADER DURING THE TOUR _____

PASSENGER TWO

YOUR TITLE (MS, MRS, MR, DR, ETC.) _____

YOUR FULL NAME AS IT APPEARS IN YOUR PASSPORT _____

PREFERRED FIRST NAME _____ DATE OF BIRTH _____

POSTAL ADDRESS _____

EMAIL _____

PHONE / MOBILE _____

NATIONALITY _____

EMERGENCY CONTACT NAME (NOT TRAVELLING WITH YOU) _____

RELATIONSHIP TO YOU _____ CONTACT NUMBER _____

DIETARY REQUIREMENTS OR ALLERGIES _____

PLEASE INDICATE BELOW IF YOU HAVE ANY SERIOUS HEALTH ISSUES THAT MAY AFFECT YOUR PHYSICAL CAPACITY TO UNDERTAKE SOME ACTIVITIES ON TOUR OR MAY OTHERWISE NEED TO BE CONSIDERED BY THE TOUR LEADER DURING THE TOUR _____

ROOMING PREFERENCES

Single_____ Double_____ Twin Share_____

Name of friend / family member to share with (if not Passenger Two) _____

SPECIAL REQUIREMENTS – Passenger One

Please list _____

SPECIAL REQUIREMENTS – Passenger Two

Please list _____

How did you hear about this tour? _____

**** A Deposit of AUD\$300.00 per person is due at time of booking.****

Final payment payable no later than 31 August 2022.

PAYMENT OPTIONS

Electronic Funds Transfer:

Account Name: Ms Roelie Jean Hartwig

BSB: 064 706

Account Number: 1011 2807

CBA SWIFT Code: CTBAAU2S

Reference: ‘MI’ followed by your surname

If required for bank transfer:

Bank Address: 122a Eagle Street, Longreach, QLD, 4730, Australia

Recipient’s Address: 82 Gull Street, Longreach, QLD, 4730, Australia

YOUR ACCEPTANCE OF BOOKING CONDITIONS AND TERMS AND CONDITIONS

I/we have read the information about the physical requirements of the tour in the itinerary and confirm that I/we am/are able to meet these requirements.

I/we accept the Terms & Conditions of Montessori Tours and Travel tours.

Montessori Tours and Travel reserves the right to decline the booking or terminate the holiday of any traveller.

AUTHORISATION

By submitting this Booking Form you are agreeing to the Terms & Conditions of Montessori Tours & Travel and the inclusion and non-inclusions listed in the itinerary for this tour.

Passenger One Signed _____ Date _____

Passenger Two Signed _____ Date _____