

Booking Form

HOLIDAY TITLE	POINT OF DEPARTURE	DEPARTURE DATE	RETURN DATE
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IF YOU ARE MAKING YOUR OWN TRAVEL ARRANGEMENTS PLEASE GIVE DETAILS BELOW

Date of arrival into New Zealand:	Arrival time:	Flight Number:
Date of departure from New Zealand:	Departure time:	Flight Number:

FIRST NAME (as on your passport)	SURNAME	PREFERRED NAME	D.O.B	PASSPORT NO.	INTERNATIONAL TICKET NO.	PREFERRED ROOM Twin/Double/Single/Family

NEXT OF KIN
Name (please print) _____

Address _____

Postcode _____

Telephone (Day) _____ **(Evening)** _____

I HAVE ARRANGED MY OWN INSURANCE COVER (details below)

My Insurance Company: _____

Policy Number _____

Telephone Number of Insurance Company _____

Signed _____

ON BEHALF OF THE ABOVE NAMED PERSONS, I HAVE READ, UNDERSTOOD AND AGREE TO SILVER FERN HOLIDAYS BOOKING CONDITIONS. I AM OVER 18 YEARS OF AGE.

PLEASE FIND ENCLOSED MY PAYMENT OF:

NO. OF PEOPLE.....X DEPOSIT £250 (PER PERSON) £.....

Our preferred method of payment is by BACs.
Our account details are: Sort code 20-50-21, Account number 33907775

Signed _____ **Date** _____

Name (please print) _____

Address _____

MEDICAL CONDITIONS WE SHOULD BE AWARE OF

Postcode _____

Telephone (Day) _____ **(Evening)** _____

DIETARY REQUIREMENTS

Email _____

Mobile Telephone Number (if any) when travelling in New Zealand _____

PLEASE TICK YOUR CHOICE OPTIONS APPROPRIATE TO YOUR SMALL GROUP JOURNEY (see information sheet).

BAY OF ISLANDS: (a) Cape Reinga OR (b) Hole in the Rock Cruise

WANAKA: (a) Island Trip OR (b) 4WD Adventure

ROTORUA: (a) Waimangu Valley OR (b) Hobbiton™

RURAL CANTERBURY: (a) Homestay OR (b) Hotel

PLEASE SIGN AND RETURN THIS BOOKING FORM TO:
SILVER FERN HOLIDAYS, MINSTER CHAMBERS, CHURCH STREET, SOUTHWELL, NOTTINGHAMSHIRE NG25 0HD