



⊠ enquiries@instyleadventures.com.au

www.instyleadventures.com.au

## **Booking Form**

To reserve your place on an InStyle Adventures tour please complete and sign this booking form and forward to us. On receipt of the completed booking form we will send you an invoice, which upon payment confirms your tour.

Private or Shared I	Departure:		
Tour Name:			
Departure Date:	///		
PERSONAL DETAILS - PASSENGER 1		PERSONAL DETAILS – PASSENGER 2	
Please ensure all details are completed.		Please ensure all details are completed.	
Title:	Surname:	Title:	Surname:
First or Preferred Name:		First or Preferred Name:	
Address:		Address:	
City:	Postcode:	City:	Postcode:
State:	Country:	State:	Country:
Tel Mob:	Tel Home:	Tel Mob:	Tel Home:
Email:		Email:	
Emergency Contact Name:		Emergency Contact Name:	
Relationship:	Tel:	Relationship:	Tel:
Do you have a pre-existing medical condition including		Do you have a pre-existing medical condition including	
Sleep Apnea machine? Yes No		Sleep Apnea machine?	Yes No
Details:	·	Details:	
	·		
Do you have any food allergies or special dietary requirements:		Do you have any food allergies or special dietary requirements:	
	Yes No		Yes No
Details:		Details:	
Nationality:		Nationality:	
Date of Birth:/	/	Date of Birth://	/
*Body Weight: kg	*Weight required if undertaking flights on tour	*Body Weight:kg	*Weight required if undertaking flights on tour
I have read, understood and agree to the standard trading terms and conditions as available at: www.instyleadventures.com.au		I have read, understood and agree to the standard trading terms and conditions as available at: www.instyleadventures.com.au	
Signed:	// Date://	Signed:	//
Twin or Double Bed:			
Pick-up Hotel / Addres	SS:		
Please advise where v	ou heard about InStyle Adventures from:		
	o notify us if you have experienced any cold /		

InStyle Adventures, PO Box 2235, Broome, Western Australia, 6725 | ABN: 28 357 102 016