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REGISTRATION FORM for Israel & Jordan tour hosted by Rev. Mike Hawke and Colleen Pasley

| | | | |
|--|--|-----------------------------------|--|
| CLIENT NAME | | ACCOMPANYING PARTNER | |
| Title Mr/Mrs/Ms/Miss | | Title Mr/Mrs/Ms/Miss | |
| Age | | Age | |
| Smoker YES / NO | | Smoker YES / NO | |
| Address | | Emergency mobile contact | |
| Email | | Client Email | |
| Travel Agency | | | |
| Consultant | | | |
| DX no | | | |
| Special requirements eg vegetarian | | | |
| I would like to share twin room with _____ | | | |
| I am not travelling with any other person, but would like to be matched up in a share twin if this is available, otherwise I will pay the single supplement. (Twin share not guaranteed) | | | |
| If a non-smoking is sharing with a smoker a NON-SMOKING room will be reserved. | | | |
| If for any reason whilst travelling you elect to have a single room, (subject to availability) a single supplement will be charged. | | | |
| Medical conditions: If you are required to fill out a PRE EXISTING CONDITION form on your medical insurance policy or have any limitations on fitness, you must advise Innovative Travel. | | | |
| Tour programmes always including walking, therefore it is essential to be able to walk a minimum of 2kms. | | | |
| If you have physical limitations please state..... | | | |
| Innovative Travel will only accept clients with physical limitations if they do not inhibit other travellers or have their own care giver travelling with them. Final acceptance is subject to the approval of Innovative Travels medical advisors. | | | |
| Flying: Ex Christchurch / Wellington / Auckland or economy / business | | | |
| Frequent flyer number..... airline | | | |
| CONNECTING FLIGHTS : | | | |
| Departure date _____ | | Departure flight _____ Time _____ | |
| Departure date _____ | | Departure flight _____ Time _____ | |
| PASSPORT DETAILS | | | |
| Please enclose a photocopy of your passport with reg form | | | |
| Nationality: | | | |
| Passport No: | | | |
| Date of Birth : | | | |
| Date issued: | | | |
| Expiry: | | | |
| CONTACT IN CASE OF EMERGENCY: | | | |
| Name/ Relationship | | | |
| Tel No | | | |
| Address | | | |
| SPECIAL TOUR CONDITIONS: | | | |
| The tour is subject to a minimum of 25 participants and the price may vary if less than 25 travelling. | | | |
| The Tour itinerary may change due to local conditions. Other conditions listed on full tour itinerary. | | | |
| I enclose NZD 600pp non-refundable registration/deposit. Interim payment of \$1000 required by 30 October 2011. | | | |
| Final payment is due by 01 April 2012. Cancellation fees : Registration – 29 Oct : \$300pp; 30 Oct-31 Jan \$500pp; 01 Feb-31 Mar \$1500 per person; 01-20 April 50%; 21 April – Departure 100%. | | | |
| I accept the Tour Conditions of the Ancient Kingdoms Tour brochure and the special tour conditions specified. I will take a full travel insurance cover prior to my departure and forward a copy. | | | |
| SIGNATURE _____ | | DATE _____ | |