

## **GUEST DETAILS and ESSENTIAL INFORMATION**

Tel: +61 0412 137 350 Email: jhtours@wholesaletravel.com.au

Please complete your name exactly as it appears on your Passport		
	GUEST ONE	GUEST TWO
Title & Surname		
Given Name/s		
Your preferred First Name for your Badge		
Mailing Address		
Town/Suburb State & Postcode		
Phone – Day	( )	( )
Phone – A/H	( )	( )
Mobile		
Fax	( )	( )
Email		
OCCUPATION		
Date of Birth		
Passport Number		
Passport Nationality		
Passport Expiry Date		
Emergency Contact Name & Number		
Frequent Flyer Airline/s & Number/s		
Should we be aware of any health or mobility issues?		
ARE THERE ANY SPECIAL OR DIABETIC MEAL NEEDS?		
ARE YOU TRAVELLING WITH FRIENDS ON TOUR?		
ARE YOU CELEBRATING A SPECIAL EVENT WHEN ON TOUR?		

I hereby acknowledge & accept the Terms & Conditions as published on the website www.jhtours.com.au

GUEST/S SIGNATURE		
(BOTH MUST SIGN & DATE)	Date	DATE