BOOKING FORM



PROBUS CLUB OF CAMBERWELL

4 DAY WANGARATTA BRIGHT BEACHWORTH AUTUMN TOUR 21-24 APRIL 2025

25-30 PAX \$1,280 PP 30-35 PAX \$1,225 35 PAX \$1,185 DEPOSIT: \$200.00

SINGLE SUPPLEMENT: \$320 FULLY REFUNDABLE UNTIL 21 FEBRUARY 2025

PAYMENT: DEPOSIT BY 26 NOVEMBER TO BARBARA GRUFAS EFPTOS: BSB 633-000

ACCOUNT NO:170 611 610 OR BY CREDIT CARD AT OUR MEETING STATE YOUR NAME AND TOUR

PICKUP POINT CAMERON CLOSE: 08.45am PROSPECT HILL VILLAGE: 09.00am

GUEST ONE:	an an ann an	GUEST TWO:	hto ata l	
	n name as they appear on an	ver's licence or other photo identification (for fligl TITLE FAMILY NA	ME	
GIVEN NAMES		GIVEN NAMES		
YOUR DATE OF BIRTH		YOUR DATE OF BIRTH	YOUR DATE OF BIRTH	
STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
SUBURB		SUBURB		
STATE	POSTCODE	STATE	POSTCODE	
PHONE	MOBILE	PHONE	MOBILE	
EMAIL		EMAIL		
ROOM TYPE: DOUBLE	TWIN SINGLE	ROOM TYPE: DOUBLE	TWINSINGLE	
ARE STAIRS A PROBLEM?	YES NO	ARE STAIRS A PROBLEM?	YESNO	
PICKUP POINT CAMERON CLO	OSEPHV	PICKUP POINT CAMERON CL	OSEPHV	
VELOCITY NUMBER		VELOCITY NUMBER	VELOCITY NUMBER	
FREQUENTY FLIER #		FREQUENT FLIER #	FREQUENT FLIER #	
EMERGENCY CONTACT:		EMERGENCY CONTACT:		
NAME	PHONE	NAME	PHONE	
DO YOU HAVE ANY SPECIAL DIETRY REQUIREMENTS?		DO YOU HAVE ANY SPECI.	DO YOU HAVE ANY SPECIAL DIETARY REQUIREMENTS	
Your wellbeing is of ma	ajor concern to us so pleas		NNCE is sent to the Tour leader	
Travel insurance is Con	npulsory. SHOULD WE BE	AWARE OF ANY OTHER HEALTH OR DISABILITY	issues, if you are on	
medication we strongly	y recommend you get a lis	t from your doctor put it in a sealed envelo	pe and give it to Nurse Judy	
0.	t back to you at the end of	•	,	
Golollib, sile will give it	t back to you at the end of	i tile toui		
Iain Morley: Email <u>morle</u>	ey.iain@gmail.com	Mobile: +61 418 374 068		
SIGNATURE	DATE	SIGNATURE	DATE	