

## **BOOKING FORM**

MW TOURS AGENT BOOKING FORM

Dep	arture	date from cou	ıntry of origin: _	Departure City:					
Tour Information									
Tou	r Nam	e:							
Tou	r Depa	rture Date: _		Туре:	Single	Twin [	Double	Triple	
B00	king N	lumber:	Preferred Airline:						
Client Information									
Client Name:									
			Email:						
Phone Number Whilst Travelling:									
	tal Add		Postcode:						
Travel Agent Information									
Travel Agent Name/Contact:									
Ema	ail:		Agent Phone:						
Agency Postal Address:									
Client Details (a copy of each Passport is required to be attached to this booking form)									
	Title	Surname	Given Name	Preferred Name	Date of Birth	Passport Number	Expiry Date	Nationality	
1									
2									
3									
4									
Special Requirements e.g. Dietary requirements, mobility issues									
*On behalf of all the persons named above, I, the agent, have read, understood and accepted the Terms and Conditions on									
www.mwtours.com.au as well as explained these to my client. I take responsibility for this agreement on their behalf.									
Sign	ıature:		Full Name:						

All special requests must be listed. Special requests cannot be guaranteed by MW Tours. The tour intinerary is a guide to provide as close as possible, of what you will see on your tour. Certain items may change at last minute due to (but not limited to) timing, weather, local events and traffic etc. All information provided on this form will be used to make your booking, therefore by accepting the terms you have agreed that all information is accurate & correct