**Chatham Island - Summer season 2024**

**Departure date………………………………...........**

**PH 09 237 0013 – 0800 785 386 - email:** **wendy@pukekohetravel.nz**

**89 King Street 2120 - PO Box 313 Pukekohe 2340**



**PUKEKOHE TRAVEL TOUR BOOKING FORM**

**1. PASSENGER DETAILS 1. PASSENGER DETAILS**

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| PASSENGER ONE: Title: (Please circle) Mr / Mrs / Ms / MissFirst Name: (as per passport)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Surname: (as per passport) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: Postcode:Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_Dietary requirements\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PASSENGER TWO: Title: (Please circle) Mr / Mrs / Ms / MissFirst Name: (as per passport)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Surname: (as per passport) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address Postcode:Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_Dietary requirements\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please note; Credit Card Travel Insurance Cover no longer covers travel within NZ. |
| Insurance Quote Pre-exiting Medical Condition  | □ YES□ YES | □ NO□ NO | Insurance Quote Pre-exiting Medical Condition  | □ YES□ YES | □ NO□ NO |
| **2. EMERGENCY CONTACT**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **2. EMERGENCY CONTACT**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **3. Accommodation (please tick)**  |
|  |  |  |  |  |
| **HOTEL CHATHAM**  | **Executive Room**  | Twin Ensuite □   | Double Ensuite □  | Single Supplement □  |
|  | **Standard Room** | Twin Ensuite □  |  Double Ensuite □  | Single Supplement □ |
|  | **Single Room**  | Shared Bathroom Facilities □   |  |
| **5. PITT ISLAND TOUR** $475 per person-paid for on the Island□ YES / □ NO  | **Half Day FISHING** □ YES/□ NO  |
| **6. WHERE DID YOU HEAR ABOUT THIS TRIP** □ Newsletter □ Website □ Referral □ Herald □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **7. HEALTH AND FITNESS – I confirm that I have read the “Health” statement on the back page of the brochure** □ YES  |
|  |
| **8. PAYMENT DETAILS:** A non-refundable deposit of $500 per person is enclosed Full payment is due 45 days before the tour departs |
| **9. PAYMENT MADE BY: CASH**□**CREDIT CARD**□**DIRECT CREDIT** □For Direct credit payment please use: Your Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and Chathams 24 as the reference.**BNZ Bank Account 02-0404-0199298-00****Credit Card - *If payment is by credit card please add 1.5% surcharge-* Please phone to make a credit card payment** |
| **10. CONFIRMATION**I agree that the above details are correct and I read and understand the conditions Pukekohe Travel have stated in their terms and conditions on their brochure.**Note:**1. *Itinerary subject to change.*
2. *Pukekohe Travel reserves the right to refuse any booking at their sole discretion and return any deposit received.*
3. *Pukekohe Travel assumes no liability for any loss or damage as a result of an Act of God or any other force majeure condition including, but not limited to, volcanic disruption, earthquake, low or high water levels, flood, tropical storms or hurricanes.*
4. *We wish to assure you that we take every care with your personal information recorded on this booking form. Rest assured this information will not be sold or distributed to a third party.*
5. *Pukekohe Travel reserves the right to correct errors and omissions contained within this brochure without recourse.*

I agree that the above details are correct and I read and understand the conditions Pukekohe Travel have stated in their terms and conditions on their brochure. I understand the full terms and conditions are available on the Pukekohe Travel website at <https://www.pukekohetravel.co.nz/terms-conditions> |
| **PASSENGER ONE:** Date:\_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_Signature:  | **PASSENGER TWO:** Date: \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_Signature:  |
|  **OFFICE USE ONLY:**Date Deposit Payment

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Insurance policy # |

April 2023