**Chatham Island - Spring 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**

|  |  |
| --- | --- |
| 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 □   |  |
| **5A. FISHING TRIP (Included in Tour Cost)**□ YES/□ NO **5B. PITT ISLAND TOUR** $475 per person - Paid for on the Island□ 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, hurricanes or pandemics*
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

|  |  |  |  |
| --- | --- | --- | --- |
|    |  |  |  |
|  |  |  |  |

Insurance policy # |

Feb 2024