

**CBS TRAVEL PTY LTD
COWAN'S BUS SERVICE**

PASSENGER BOOKING FORM

TOUR NAME: 9 Day Kimberley Adventure 21st - 29th July 2018

1st Participant

Last Name: _____ **First Name** _____ **Preferred Name:** _____

Postal Address: _____

Town/City: _____ **State:** _____ **Postcode:** _____

Phone: _____ **Email** _____

Price: Adult \$3,990pp Single Supplement \$800pp

Optional Extra: Bungle Bungles flight \$450pp Camel Ride \$120pp Horizontal Falls \$800pp

Share: Double Twin Single – willing to share Sole Use

Special Requirements: _____

DOB: _____ **Nominated Joining Point:** _____ **Frequent Flyer No.** _____

I hereby agree that I have read and accept the terms and conditions as outlined in the brochure for the above tour.

Signed: _____ **Date:** _____

2nd Participant

Last Name: _____ **First Name** _____ **Preferred Name:** _____

Postal Address: _____

Town/City: _____ **State:** _____ **Postcode:** _____

Phone: _____ **Email** _____

Price: Adult \$3,990pp Single Supplement \$800pp

Optional Extra: Bungle Bungles flight \$450pp Camel Ride \$120pp Horizontal Falls \$800pp

Share: Double Twin Single – willing to share Sole Use

Special Requirements: _____

DOB: _____ **Nominated Joining Point:** _____ **Frequent Flyer No.** _____

I hereby agree that I have read and accept the terms and conditions as outlined in the brochure for the above tour.

Signed: _____ **Date:** _____

Please find enclosed a cheque/money order made out to CBS Travel P/L for the amount of \$ _____

I have deposited the amount of \$ _____ directly into your bank account on _____ (date)

Bank: National **BSB: 082-741** Account No: **57113 6243** Account Name: CBS Travel Pty Ltd Trust

Please find below my credit card details for the amount of \$ _____

(Note: Credit Card payments attract a 2% fee)

Credit Card Details

Full Card Number: _____

Expiry _____ / _____ **Name on Card:** _____

Card Type: Visa MasterCard Bankcard

Address of Cardholder: _____

Signature of Cardholder: _____