



M K 1 TRAVEL

Passenger Booking Form

TOUR NAME:	DEPARTURE DATE:
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PLEASE SEND A COPY OF YOUR PASSPORT WITH THIS FORM

PASSENGER INFORMATION:

Surname: (as on Passport)	
Title (Mr/Mrs/Ms/Dr) & First name:	
Middle name:	
Address:	
Contact Number:	
Email address:	

PASSPORT INFORMATION:

Date of Birth:		Place of Birth:	
Citizenship:		Place of Issue:	
Passport #:		Expiry Date:	

Passport must have 6 months validity at the time of tour completion.

AIRLINE

AIRLINE PREFERENCE:	QF/VA/Other
FREQUENT FLYER #:	
SEAT PREFERENCE:	Aisle/Middle/Window/Bulkhead (\$)
	Forward/Anywhere/extra legroom (\$)
MEAL PREFERENCE:	Vegan/Vegetarian/Medical/Dietary/Allergy
	Comment:

CELEBRATING SIGNIFICANT DATE ON THIS TOUR? Y/N

ANNIVERSARY/BIRTHDAY/OTHER DATE:

MEDICAL CONDITIONS:

Please complete attached Health & Fitness Questionnaire

EMERGENCY CONTACT:

NAME:	
RELATIONSHIP:	
CONTACT NUMBER(S):	
EMAIL:	

EXPECTATIONS:	What are you expecting from this Tour?
.....	
What would you like to see/do?	
Is there something special you would like to experience?	
.....	

Disclaimer:

I confirm that the information provided on this Questionnaire is both true and correct. I agree that MK1 Travel may offer a recommendation with regard to fitness to travel based on the information I have provided. I further agree that if any pre-existing medical conditions are such that the cause the cost of the Group Comprehensive Travel Insurance to exceed a per person cost of \$200, I may be liable to take out my own policy of Insurance independent of MK1 Travel who will not be responsible for the provision of comprehensive travel insurance.

I understand that any information provided by me may be passed onto those responsible for supplying land and air arrangements for my travel and that my information will not be communicated to any party which is not directly responsible or otherwise associate with my travel arrangements.

I confirm and agree that should I choose not to disclose information which subsequently requires me to return or be returned home from a tour, MK1 Travel is not responsible for any costs associated with cancellation penalties, airfares, land transportation or any other related hardship. I acknowledge that it is my responsibility to update the information I provide to MK1 Travel immediately should my circumstances change.

Health & Fitness Questionnaire

MK1 Travel have a duty of care to all tour participants and the tour guides/leaders, so we do impose a firm policy on the level of health & fitness required by all our clients to attempt to ensure your safety and the safety of other travellers on our tours. Our tours are for independently minded travellers with good levels of mobility and reasonable levels of fitness.

Please answer the following questions. The information you provide will be treated confidentially and will be used to check that the transportation, accommodation and other arrangements on tour are suitable for you.

1. Do you have any allergies? Yes/No. If yes, please provide details, severity and how you manage.....
.....
2. Do you suffer from motion sickness? Yes/No. If yes, please provide details, severity and how you manage.....
.....
3. Can you walk 500 metres to 1 km comfortably and unaided? Yes/No.
4. Can you negotiate uneven, undulating and sometimes challenging terrain? Yes/No. If no, please provide details about any limitations.....
.....
5. Do you use a mobility aid? Yes/No. If yes, please provide details.....
.....
6. Are you travelling with a companion or carer who is able to provide all assistance required to enter buildings, disembark/embark ships, trains, buses and assist you on excursions? Yes/No. If yes, please provide the name of the companion/carers and your relationship to them.....
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7. Are you taking any medical equipment with you? Yes/No. If yes, please provide details.....
.....
8. Do you suffer from any condition which may cause you to experience memory loss or to become disoriented? Yes/No. If yes, please provide details, severity and how you manage.....
.....
9. Are you asthmatic or do you have other breathing difficulties? Yes/No. If yes, please provide details, severity and how you manage.....
.....
10. Do you require supplementary oxygen?
11. Are you currently taking medication? Yes/No. If yes, are you able to administer your own medication? Yes/No.
12. If you have any other medical condition or have information that is not covered here, please details, impacts and how you manage.....
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Name:.....

Signed:.....

Date:.....