

Aviation Tours NZ



Booking Form

Please complete in Block Capitals and return to the address below.

Tour Name –		Departure Date –	
Passenger 1	Full name as per passport	Mr/Mrs/Ms	Address
Phone			
Phone (Mobile)		Date of Birth	Size for tour T-Shirt
Email		Special Dietary Needs	
Emergency contact details – Name, Phone numbers, Relationship			
Preferred name for badge		Preferred Room Configuration - Double / Twin / Single / Willing to Share Twin	
Please advise any pre-existing medical conditions where assistance may be needed			
Passenger 2	Full name as per passport	Mr/Mrs/Ms	Address
Phone			
Phone (Mobile)		Date of Birth	Size for tour T-Shirt
Email		Special Dietary needs	
Emergency contact details – Name, Phone numbers, Relationship			
Preferred name for badge		Preferred Room Configuration - Double / Twin / Single / Willing to Share Twin	
Please advise any pre-existing medical conditions where assistance may be needed			

Please return to

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Approved Broker for Travel Managers
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