



KIMBERLEY PEARL

CHARTERS

KIMBERLEY PEARL CHARTERS BOOKING FORM

CRUISE DEPARTURE DATE: _____ CRUISE ITINERARY: 7N 10N 11N 13N PRIVATE

PASSENGER 1 NAME: _____
(SURNAME) (GIVEN) (TITLE)

PREFERRED NAME: _____ DOB: _____ WEIGHT: _____ kg

PASSENGER 2 NAME: _____
(SURNAME) (GIVEN) (TITLE)

PREFERRED NAME: _____ DOB: _____ WEIGHT: _____ kg

ADDRESS: _____

STATE: _____ POSTCODE: _____

HOME NUMBER: _____ MOBILE NUMBER: _____

EMAIL: _____

HOW DID YOU HEAR ABOUT KIMBERLEY PEARL CHARTERS: _____

EMERGENCY CONTACT:

NAME: _____ CONTACT NO.: _____

RELATIONSHIP TO PASSENGER(S): _____

Please indicate any individual with medical conditions, regular medication or dietary requirements Kimberley Pearl Charters needs to be aware of:

PASSENGER 1: _____

PASSENGER 2: _____

Please advise Travel Insurance provider, contact number and policy number for each passenger:

PASSENGER 1: _____

PASSENGER 2: _____

SELECTING THIS BOX CONFIRMS YOU HAVE READ, ACKNOWLEDGED AND ACCEPTED OUR TERMS & CONDITIONS STATED OVER THE PAGE.

PASSENGER 1: _____ DATE _____

PASSENGER 2: _____ DATE _____

Please tick this box if you do not wish for us to use photos & footage taken by our crew for promotional purposes. (Refer to point 18. in Terms & Conditions)

To confirm your booking, please complete payment details below;

Payment by Direct Deposit Payment by CC provided below

Deposit Amount of \$ _____ OR Full Payment of \$ _____

Please note Visa and Mastercard are subject to 1.5% surcharge. I'm afraid we do not accept AMEX.

Name as shown on Card: _____ Card Type: _____

Number: _____ Expiry Date: _____ CVV: _____

Selecting this box authorises Kimberley Pearl Charters to debit the provided credit card for specified amount plus remainder balance (if required) 60 Days prior to Departure.

Request Terms & Conditions to be sent via email.