

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
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 and any situations where assistance may be needed	
Passenger 2 Full name as per passport Mr/Mrs/Ms	Address
Phone	
Phone (Mobile)	Date of Birth
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 and any situations where assistance may be needed	

Please return to

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Phone 021 076 8308 | Email melanie@aviationtoursnz.com | www.aviationtoursnz.com
Approved Broker for Travel Managers
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