



a: PO Box 1226, Geelong,
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p: +61 (0)3 5250 1111

f: +61 (0)3 5250 2731

e: info@ciaotravel.com.au

ABN: 36 456 608 243

AFTA Membership: 10052

ATAS Accreditation: A10631

www.ciaotravel.com.au

BOOKING FORM

CLIENT NO: _____ TRIP FILE NO: _____

DESTINATION/S: _____

DEPARTURE DATE: ___/___/___ RETURN DATE: ___/___/___

HOW DID YOU HEAR ABOUT CIAO TRAVEL? _____

DURATION OF TRAVEL: _____

SPECIAL OCCASION: _____

IMPORTANT:

- Make sure you have read our Booking Terms & Conditions thoroughly on our website before completing and signing this form.
- Completed and signed Booking Form together with the Booking Fee and any deposits, is required to book our tours.
- Please advise any SPECIAL REQUESTS, DIETARY REQUIREMENTS, SEVERE ALLERGIES, DIABETIC or PHYSICAL DISABILITIES.
- Please advise if assistance is required on flights, in airports and on tours.
- Your name on this form must be exactly as documented in your passport. Failure to provide the correct information may result in cancellation.
- A photocopy of your current passport is required with your Booking Form.
- It is imperative that you forward a copy of your flight itinerary and any other arrangements not booked by Ciao Travel, for us to make sure all services booked coincide.

PERSONAL DETAILS

P1) Title _____ Family Name: _____

First & Middle Name: _____

Place of Birth: _____

Special Request: _____

Airline Membership Number: _____

Birth Date: ___/___/___

Passport: _____ Nationality: _____

Issue Date: ___/___/___ Expiry Date: ___/___/___

Occupation: _____ Interests: _____

Other Memberships Number: _____

P2) Title _____ Family Name: _____

First & Middle Name: _____

Place of Birth: _____

Special Request: _____

Airline Membership Number: _____

Birth Date: ___/___/___

Passport: _____ Nationality: _____

Issue Date: ___/___/___ Expiry Date: ___/___/___

Occupation: _____ Interests: _____

Other Memberships Number: _____

P3) Title _____ Family Name: _____

First & Middle Name: _____

Place of Birth: _____

Special Request: _____

Airline Membership Number: _____

Birth Date: ___/___/___

Passport: _____ Nationality: _____

Issue Date: ___/___/___ Expiry Date: ___/___/___

Occupation: _____ Interests: _____

Other Memberships Number: _____

P4) Title _____ Family Name: _____

First & Middle Name: _____

Place of Birth: _____

Special Request: _____

Airline Membership Number: _____

Birth Date: ___/___/___

Passport: _____ Nationality: _____

Issue Date: ___/___/___ Expiry Date: ___/___/___

Occupation: _____ Interests: _____

Other Memberships Number: _____

CONTACT DETAILS

Address – Passenger 1:

Street: _____

City / Town: _____ Postcode: _____

Email: _____

Holiday Contact Telephone/Mobile: _____

Emergency Contact Name: _____

Telephone/Mobile: _____

Telephone & Email

Home P1: _____

Mobile P1: _____

Mobile P2: _____

Mobile P3: _____

Mobile P4: _____

Relationship: _____

Email Address: _____



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TRAVEL INSURANCE

This is a mandatory requirement strongly recommended by our company.

We advise that you purchase a policy adequate to your requirements and to cover you for the full duration of your trip.

Best purchased at the same time as making your first non-refundable payment.

Travel Insurance required through Ciao Travel: Yes No

Travel Insurance purchased elsewhere: Yes No

Alternative Insurance Company Name: _____

Insurance Company Emergency Contact: _____

Date Issued: ___/___/___

Print Name: _____

Signature: _____

TRAVEL ARRANGEMENT PREFERENCES

Please TICK your travel preferences and requirements that you wish for us to book on your behalf. Note your choice is subject to the availability of the service at the time of booking and providing the service type exists.

HOLIDAY TYPE:

International Domestic Independent Travel Group Travel Family Travel

TOURS & ACTIVITIES:

Private Tour Small Group Tour Coach Tour Rail Tour Full & Half Day Excursions
 Walking Hiking / Trekking Cycling Cooking Other Interests: _____

CRUISE:

Ocean Cruise Small Ship Cruise Yacht River Cruise Luxury Barge
 Single Cabin Double Cabin Family Other With Balcony
 Preference of Cruise Company _____ Preference of Deck _____

ACCOMMODATION:

Hotel Resort Apartment Villa B&B
 Luxury 5 star: 4 star: 3 star: Boutique Single
 Double Twin Triple Family

FLIGHTS

First Class Business Class Economy Class Premium Economy Class Window seat
 Aisle seat Airport Assistance Special Meals Infant Bassinet

Preferred Airlines: 1) _____ 2) _____

TRANSPORT:

Car Rental: Automatic Manual Infant Seat GPS Navigation
 Rail First Class Second Class Transfer: Shared Minibus
 Transfer Private Car / Chauffeur

BOOKING DECLARATION

Ciao Travel respects the National Privacy Principles contained in the Privacy Act 1988, therefore the principles regulate most of our activities with respect to personal information retained, disclosed and used by us.

I declare I have provided the true information required by this booking form for Ciao Travel to proceed with my booking. I agree to give Ciao Travel permission to provide my personal information, as necessary, to the suppliers providing the services for my/our travels. I declare that I am over 18 years of age and I understand by signing the booking form I have read and agreed to abide by the Booking Conditions presented by Ciao Travel.

Signature of client: _____

Date: _____

PAYMENT OPTIONS & CREDIT CARD AUTHORIZATION FORM

- **Payment required by - cash, cheque, direct deposit or credit card**
- **We only accept Visa 1.4% fee or MasterCard with a 1.3% fee.**
- **Ciao Travel does not accept American Express, however there are some services we book where the service supplier may accept this card for an additional fee.**
- **If paying by cheque or direct deposit allow 3 business days for bank clearance.**
- **Also when payment is by direct deposit, please email your bank receipt reference advising you payment has been processed.**

- **Direct Deposit:** Bendigo Bank
- Ciao Travel Trust Account
- **Account No:** 134807304
- **BSB:** 633 000

CREDIT CARD

Credit Card Number: _____

Name on Card: _____

Expiry Date: ____/____

CVV: _____

Name of Institution/Bank: _____

I declare this is my true signature as presented on my credit card and I authorization Ciao Travel to either process payments on this nominated credit card for my travel arrangements with the surcharge indicated on this agreement, or, to pass on my American Express Card details to the service supplier (providing the accept American Express) who will apply their surcharge fee.

Print name/s: _____

Credit card declaration signature: _____

CONSUMER PROTECTION

Ciao Travel trading as Ciao Travel (ABN63 456 608 243)

Member of the Australian Federations of Travel Agents AFTA – 10052

Participant of ATAS – A10631