



FAX to: 02 4294 1684

AGENT NAME

PHONE

FAX

Tour: \_\_\_\_\_

Booking No# \_\_\_\_\_

Name: \_\_\_\_\_

Sex: M/F \_\_\_\_\_

D.O.B: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Medical / physical conditions: \_\_\_\_\_

Who else are you traveling with on this tour?  
\_\_\_\_\_

If doing Cairns to Sydney, what date do you arrive in Cairns?  
\_\_\_\_\_

Please note: when arranging your own connecting travel, please ensure you arrive in Cairns the night before your tour departs

**Passenger Declaration**

I agree that my bookings and travel are subject to the Terms & Conditions as displayed on the website [www.sydneyadventures.com.au](http://www.sydneyadventures.com.au). If under 18 years at time of booking, parent's consent form is required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT / GUARDIAN CONSENT FORM**

To Whom It May Concern:

This is to confirm that I,

\_\_\_\_\_ being the parent / legal guardian of

\_\_\_\_\_ permit him / her to travel on the stated Sydney Adventures tour. I have read the Terms & Conditions carefully prior to signing this form and understand that my son / daughter / ward and I will be bound by them.

Name: \_\_\_\_\_

Parent / Guardian

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

THANK YOU