

# PASSENGER BOOKING FORM

Goway's Promise of *Something Special*

**HOLIDAYS OF A LIFETIME**<sup>®</sup>  
EXCLUSIVE FIRST CLASS SMALL GROUP ESCORTED TOURING EXPERIENCES

## Best of New Zealand

Each passenger must complete one form and return it to Goway Travel: (Please print in **CAPITAL** letters)

\* Mandatory information. Must be completed in order to receive travel documents.

Goway Fax: (800) 893 4679 \_\_\_\_\_ Goway Land Agent: \_\_\_\_\_

\* Passengers Last Name: \_\_\_\_\_ \* Given (First) Name(s) as in Passport: \_\_\_\_\_

\* Passport No: \_\_\_\_\_ \* Nationality: \_\_\_\_\_ \* Country of Birth: \_\_\_\_\_

\* Date of Issue: (month/day/year) \_\_\_\_\_ \* Expiry Date: (month/day/year) \_\_\_\_\_ Gender: Male / Female  
eg. JUL/21/12 eg. JUL/21/17

\* Place of Issue: \_\_\_\_\_ \* Issuing Authority: \_\_\_\_\_

Name You Want Used on Tour: \_\_\_\_\_ \* Date of Birth: (month/day/year) eg. JUL/21/55 \_\_\_\_\_

\* Home Address: \_\_\_\_\_ \* City: \_\_\_\_\_

\* Province / State: \_\_\_\_\_ \* Postal / Zip Code: \_\_\_\_\_ Home Tel: ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

\* Emergency Contact Person: \_\_\_\_\_ \* Relationship: \_\_\_\_\_

\* Home Tel: ( ) \_\_\_\_\_ Work/Cell Tel: ( ) \_\_\_\_\_

Accommodation requests: (not guaranteed) 1 bed in room: \_\_\_\_\_ 2 beds in room: \_\_\_\_\_

Do you wish to take the free overnight "Kiwi Farmstay" option (Day 4) in New Zealand? Yes  No

Any special dietary needs?: \_\_\_\_\_

Additional requests: (near elevator/low floor/smoking/non-smoking room etc...)(not guaranteed) \_\_\_\_\_

\*Any Health Problems/Medications or mobility issues that you feel we should know about: (e.g. Heart/Asthma/traveling with a walker)  
\_\_\_\_\_

**NOTE: Goway reserves the right to request a doctor's Medical Travel Clearance for certain medical conditions.**

Any occasion being celebrated while in destination? (Birthday / Anniversary) \_\_\_\_\_ Date: \_\_\_\_\_

Would you be willing to share your contact information with other tour members prior to departure? Yes  No

The above information is designed to assist our escort in caring for your needs whilst on tour. Your co-operation is much appreciated.

Where did you hear about this tour (ex. Newspaper ad/referred by friend/Goway website/ Travel Agent recommendation or other please elaborate)? \_\_\_\_\_

Date Tour Starts: \_\_\_\_\_ Date Tour Ends: \_\_\_\_\_

Travel Agency's Name: \_\_\_\_\_ Travel Agent's Name: \_\_\_\_\_

Travel Agent's email: \_\_\_\_\_ Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Agency's Tel: ( ) \_\_\_\_\_

I have read thoroughly and accept the general information and booking conditions as per Goway's Downunder brochure.

I have taken / not taken out adequate cancellation and medical insurance.

Passenger's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Travel Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Vancouver: 1200 West 73rd Ave., Suite 1050, Vancouver, B.C., V6P 6G5, Phone: (604) 264-8088, Fax: (604) 267-2111  
Los Angeles: 400 North Brand Blvd, Suite 920, Glendale, CA, USA 91203, Phone: (800) 387-8850, Fax: (800) 665-4432