

# EXPRESSION OF INTEREST FORM

GROUP: **MARTINI TOURS**

TOUR: **TONY MOCLAIR'S LEGENDS OF AVIATION TOUR 2023**

## PASSENGER INFORMATION

FIRST NAME

SURNAME

PASSENGER 1:

PASSENGER 2:

PASSENGER 3:

PASSENGER 4:

## ACCOMMODATION PREFERENCES

DOUBLE  TWIN  SINGLE  (single supplement applies)

PLEASE INDICATE NUMBER OF BEDS REQUIRED PER ROOM

WILL YOU BE ROOM SHARING WITH ANOTHER GUEST? (SINGLES) YES  NO

## HOME CONTACT DETAILS

HOUSE/UNIT NUMBER: STREET:

SUBURB:

POSTCODE: STATE:

HOME TELEPHONE:

MOBILE TELEPHONE:

EMAIL ADDRESS:

## ADDITIONAL INFORMATION

SPECIAL DIETARY REQUIREMENTS:

OTHER SPECIAL NEEDS:

Please complete this form and return it to Martini Tours via mail or email at your earliest convenience

