**EXPRESSION OF INTEREST FORM**

**GROUP: MARTINI TOURS**

**TOUR: TONY MOCLAIR’S LEGENDS OF AVIATION TOUR JULY-AUG 2024**

**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