



P: 1300 602 902 F: (07) 4634 0422  
PO Box 9271, Wilsonton QLD 4350  
12 Kimberley Ct, Torrington (Tmba)  
E: admin@peterscoaches.com.au  
W: www.peterscoaches.com.au  
 Peters Coaches Travel

# EXTENDED TOUR PASSENGER BOOKING FORM

**PLEASE RETURN COMPLETED BOOKING FORM TO PETERS COACHES VIA EMAIL, POST OR FAX - WITH YOUR DEPOSIT**

*\*Deposit amounts are different dependant on the tour. Please see deposit amount in tour cost section of each tour brochure.*

TOUR NAME: \_\_\_\_\_ TOUR DATE: \_\_\_\_\_  
DATE OF BOOKING: \_\_\_\_\_

**Personal Details:** Please ensure your names are exactly as per your photo ID. Complete the following if only appropriate:

## PASSENGER ONE

**Title:** (Please Circle) Ms Mrs Mr **Given Name/s:** \_\_\_\_\_

**Surname:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_

**Gender:** (Please Circle) M / F **Date of Birth:** \_\_\_\_\_

**Room Request:** (Please Circle) Twin Double Single Willing to Share **Sharing With:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Dietary Requirements:** \_\_\_\_\_

**Special Requirements:** (E.g. Seating, Flight Assistance) \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Emergency Contact Number:** \_\_\_\_\_

**Do you have a Peters Coaches Name Badge?** (Please Tick)  YES  NO

**SIGNED BY PASSENGER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## PASSENGER TWO

*\*\*If selected details are the same as the above, please write 'as above'*

**Title:** (Please Circle) Ms Mrs Mr **Given Name/s:** \_\_\_\_\_

**Surname:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_

**Gender:** (Please Circle) M / F **Date of Birth:** \_\_\_\_\_

**Room Request:** (Please Circle) Twin Double Single Willing to Share **Sharing With:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Dietary Requirements:** \_\_\_\_\_

**Special Requirements:** (E.g. Seating, Flight Assistance) \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Emergency Contact Number:** \_\_\_\_\_

**Do you have a Peters Coaches Name Badge?** (Please Tick)  YES  NO

**SIGNED BY PASSENGER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_