



BOOKING FORM

The Ultimate Kimberley Experience
BROOME WESTERN AUSTRALIA

Pearl Sea Coastal Cruises

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Topchan Pty Ltd Trading as Pearl Sea Coastal Cruises

ACN 070 805 515 ABN 42 866 418 717

Please complete this form IN CAPITAL LETTERS, sign and return to us. On signing this booking form it will indicate that you agree to all terms and conditions laid down and will abide by them accordingly.

Departure Date:.....Year:..... Cabin Type:.....

1. Surname:.....Christian Name:.....

2. Surname:.....Christian Name:.....

Due to flight regulations, please advise weight for: Passanger 1:.....kg Passanger 2:.....kg

Address:.....

Home Phone:..... Fax Number:.....

Work Phone:..... E-mail:.....

Mobile Phone:.....

How did you hear about Pearl Sea Coastal Cruises?:.....

PLEASE SIGN BELOW IF YOU HAVE READ & AGREE TO OUR TERMS & CONDITIONS [please see over]

Signature 1: Date:

Signature 2: Date:

Emergency Contact Name:..... Emergency Phone No:.....

Please Advise of Arrival & Accommodation Details:

Please Advise of Departure & Accommodation Details:

Please specify any special dietary requirements e.g. vegetarian etc:

Please specify if you have any medical or physical condition which may require treatment as well as any allergies that we need to be aware of:.....

To confirm your booking please find enclosed your payment details for:

Deposit of \$..... or Final Payment of \$.....

Please indicate method of Payment below:

.....CHEQUEMONEY ORDERDIRECT TRANSFER - please fax payment / proof slip

Credit Card Type:..... Number: _____

Name Shown on Card: Expiry Date:.....

Signature as shown on Credit Card..... Date:.....

***** Please note that when paying by Diners or American Express a surcharge will apply.**