

BOOKING FORM

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Room Type Single Double Twin Triple Quad
Are you travelling along and looking to share? Yes No

Option 1 FAMILY LAND ONLY Package
Option 2 SUPPORTER LAND ONLY Package
Option 3 Flight Pricing option

Title Mr/Mrs/Ms/Dr Male Female

Name (as it appears on passport)

Address

City **State** **Postcode**

Country **Date of birth** (dd/mm/year)

Phone **Email**

Passport number **Country of issue**

Passport issue date (dd/mm/year) **Passport expiry date** (dd/mm/year)

Family/friend competing **Relationship**

Notes/requests

GUEST 2

Room Type Single Double Twin Triple Quad
 Male Female

Title Mr/Mrs/Ms/Dr

Name (as it appears on passport)

Address

City **State** **Postcode**

Country **Date of birth** (dd/mm/year)

Phone **Email**

Passport number **Country of issue**

Passport issue date (dd/mm/year) **Passport expiry date** (dd/mm/year)

Family/friend competing **Relationship**

Notes/requests

PAYMENT DETAILS

Total Price \$ Full payment due at the time of booking.

1. Bank Transfer Account Name: SportsLink Travel
BSB: 193879
Account No: 414496923
Description: "BASEBALL - your name" (eg. BASEBALL - Jones)

2. Credit Card (Surcharge applies to Visa, Mastercard)

VISA Mastercard

Card No **Expiry** **CVV**

Name

Signature

Date

Email completed form to: frank@sportslinktravel.com

**SPORTSLINK
TRAVEL**

1300 66 66 75