REGISTRATION FORM

Tour Name:

Departure Date:

Accomodation: (Please circle or highlight)

Single Share Twin

Your details:

1	First Name	
2	Surname	
3	Date of birth	
Passport details		
4	Full name as in Passport	
5	Passport No.	
6	Nationality	
7	Expiry Date	
8	Date and Place of Issue	

Please note: Many countries require a passport to be machine readable and valid for six months from the date of departure from that country.

Contact Details:

Home Address…… Phone……

…… Home Number……

…… Business Number……

Email…… Mobile……

Do you have any special requirements e.g. meals (Please circle or highlight)

Yes/No

If yes please give details...……

……

……

Visas and re-entry permits (please note that the requirements change often).

Valid visas to enter certain countries are required.

You may also require a valid re-entry permit to your current country of residence.

PLEASE CHECK WITH YOUR TRAVEL AGENT (or whoever you are making your air travel arrangements with).

Pre and Post Tour Contact Details

Day/Night Prior……

Hotel Address ……

……

Arrival Details

Bus/Car: Date …… To…… Time……

Air: Date …… To…… Time…… Flight No……..

Departure Details

Bus/Car: Date …… To…… Time……

Air: Date …… To…… Time…… Flight No……..

Medical Conditions

Do you suffer from any medical conditions/require medication that Blue Dragon Enterprises should be aware of during the period of your tour? (Please circle or highlight)

Yes /No

If you yes please give details (e.g. condition, medication):

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Please note that this information will be held in strict confidence by Blue Dragon Enterprises and will only be used in the event of an emergency.

Vaccinations

Blue Dragon Enterprises strongly recommends that you check with your local Medical Practitioner in regards to vaccinations that may be required for the countries that you will enter on your tour.

Insurance

Blue Dragon Enterprises recommends that you have a full comprehensive insurance cover for the duration of the travel.

Do you wish Blue Dragon Enterprises to assist/advice with insurance? (Please circle or highlight)

Yes/No

If no, please send a photocopy of your travel insurance to us with this form to confirm that you are covered.

Emergency Contact Details

Blue Dragon Enterprises will not disclose information on your travel arrangements unless you give prior approval for this information to be passed on to specific people.

I hereby give approval for information of my travel arrangements to be passed on. (Please circle or highlight)

Yes/No

If yes, please provide the following information on who the details can be passed onto:

First Name…… Surname……..

Address……

……

……

……

Phone Contact:

Home……

Business……

Mobile……

Email……

Research

How did you hear about Blue Dragon Enterprises? (Please circle or highlight)

Website Brochure Magazine Presentation Recommendation other

Personal information

The following information will help us to get to know you better. All details will be kept confidential.

For the following questions please circle or highlight Yes or No

Are you a "Night Owl"	Yes/No
Are you early to bed	Yes /No
Do you smoke	Yes /No
Do you drink alcohol	Yes /No

Why are you interested in joining this particular tour?

Are you interested in any of the following? (Please circle or highlight yes or no)

Meditation	Yes/No
Spirituality	Yes /No
History	Yes /No
Architecture	Yes /No
Food	Yes /No
Wine	Yes /No
A unique experience	Yes /No

I/we confirm that we have read and understood Blue Dragon Enterprises Terms and Conditions and with transfer $500 non-refundable deposit per person into Blue Dragon Enterprises Credit Union account.

Credit Union Name: My Credit Union
BSB: 802 058
Account Name: Blue Dragon Enterprises
Account Number: 100936

Signed…… Date……