Booking Form 2012 – 13 ***Cycle Magic Treks***

In order to provide our high level of service to you, from booking right through to ensuring your comfort and

well being when travelling with us, we require you to answer the following questions.

Please complete this booking form and email to guide@cyclemagic.com.au or by mail together with your AUD $400 deposit (AUD $200 for all Self Guided & Rail Trail Tours) AUD $800, Grand Travers.

**TOUR NAME**: Start Date .

**PERSONAL DETAILS**: First Name: Last Name .

Address: City .

State : Post Code . Phone : Email .

Country Occupation: Height (to fit your bike) .

I am (please tick): Female  Male  Age Range: U18  18-26  27-35  36-50  51-60  61-70  70+ 

**CYCLE/HIKE FITNESS:**  Reasonable (exercise occasionally for up to 1hr)  Good (exercise regularly for 2-4 x week for 2+hrs)

Where applicable (please tick)  Average (exercise regularly 1-3 x week up to 1-2hrs)  Excellent (exercise reg/daily up to 4-5hrs comfortably)

**ACCOMMODATION:** (please tick preference)

I am travelling with and we would like: a double bed  two beds (twin) 

I am travelling alone and would like: to share a room if possible  a single room and will pay the single supplement 

Do you need pre/post tour accommodation? Yes  No  If no, please provide details of your pre/post trip accommodation:

Pre trip accommodation details .

Post trip accommodation details .

**MEDICAL AND DIETARY DETAILS**: Do you have any medical conditions, allergies and/or disabilities that we should know about?

No  Yes  (please provide details) .

Do you take any special medication on a regular basis? No  Yes  (please provide details) .

Do you have any special dietary requirements? No  Yes  (please provide details) .

**NEXT OF KIN:** (not travelling with you): Name : Relationship .

Address .

Phone [H: Phone [W .

**HOW DID YOU HEAR ABOUT CYCLE MAGIC TREKS**?: Referred by a friend  (please provide name) .

Brochure  Google  Other Search Engine  (which) . Newspaper  (which) .

Travel Agent  (which) World Expeditions  Other  (please specify) .

In signing this booking form, I acknowledge that I have read, understood and

accept the terms and conditions accompanying this booking and particularly

those relating to the release and waiver of liability (condition 13). If aged

under 18, this form requires the signature of your parent or legal guardian. Signature: Date .

**PAYMENT DETAILS**: Card type: MasterCard  VISA  Cheque  [if not previously supplied]

Cardholder’s number: CSV\* Expiry date : Amount: $ .

\*Phone us with your CSV if preferred

Cardholder’s name: Signature: Date .