

CAMBODIA BOOKING FORM

Please complete, sign and forward this form, along with a photocopy of the front page of your passport and a deposit of NZ\$1000 per person to:

***ensure you take insurance at the same time as deposit payment*

WILDSIDE TRAVEL

PO Box 215
MOTUEKA 7120



Mr / Mrs / Miss/ Ms

Mailing Address _____

Email _____

Day-time ph or Mobile _____

I/ we would like to join the following departure: @ **USD\$2950 per person**

2020:	06 - 18 December 2020	20 December – 01 January (Family Tour)
2021:	03 – 15 November 2021	20 December – 01 January (Family Tour)

I understand **Insurance** is required to participate on this trip. I will be accepting your Insurance offer of a 13 Day Policy, issued by WILDSIDE from \$80per person.

Yes / No Thank You

**If you are over the age of 50 yrs, additional premiums are payable.

**Pre-existing medical conditions will also attract additional premiums.

I/We would like you to organise my/our flights to Siem Reap

Yes / No Thank You

Frequent Flyer Number:

Room Type: Double Twin Triple Single (Single supplement US\$650)

Bike Hire: Please book a bike for me @ US\$250 additional

Height: _____

Dietary Requirements:

Emergency Contact Person/Details:

Name: _____ Phone Number: _____

Please list any **medical conditions** (are you taking medications of any sort?) that your host and guides should know about in order to respond appropriately should anything arise.

I understand that I am booking an adventure holiday and standards such as accommodations, transport, medical service and other factors will not be of the same standard that I/we are used to at home, or that might be found on a conventional holiday and that the nature of this sort of travel will always have its risks.

I also acknowledge as an adventure holiday, I will need to be moderately fit, active and mobile to fully appreciate and participate in the itinerary content.

SIGNATURE

DATE

***payment options:**

Cheques – payable to 'Wildside Travel'

Bank Transfer – **ASB 12-3209-0116403-16** REF: Wildside/surname

Credit Card please (add 2%)*

Visa / MasterCard _____

Expiry: _____ CVC(3 digits) _____

Name on card: _____