



ADDITIONAL TRAVELLERS

All details given must be as they appear in each passport. Dates should be entered DD/MM/YYYY.

PRIMARY INFORMATION (as per Booking Form)

Name _____ Contact Number (Australia) _____

ADDITIONAL TRAVELLER DETAILS

Traveller 3

Title	First Name	Last Name
DOB	Phone Number	Email Address
Passport Number	Date of Expiry	Nationality

Traveller 4

Title	First Name	Last Name
DOB	Phone Number	Email Address
Passport Number	Date of Expiry	Nationality

Traveller 5

Title	First Name	Last Name
DOB	Phone Number	Email Address
Passport Number	Date of Expiry	Nationality

Traveller 6

Title	First Name	Last Name
DOB	Phone Number	Email Address
Passport Number	Date of Expiry	Nationality

SIGNED DECLARATION

- I have read and understood Ormina Tours Booking Conditions. I am the lead name of the party travelling above, confirm that I accept the prices quoted and that I am authorised to accept these and the booking conditions on behalf of all other persons included in this booking form. I further understand that I have sole responsibility for ensuring that passports are valid for 6 months beyond the date of return and for obtaining all necessary visas. I also acknowledge that travel insurances is required to be taken and this needs to be provided to Ormina Tours before participation in the tours is finalised and confirmed. For further T&C's please visit: <https://www.orminatours.com/terms-conditions/>
- I understand Ormina Tours cannot guarantee that I, or those I'm traveling with, will not become infected with COVID-19 or any illness ("Illness"). As such, I agree to hold Ormina Tours harmless and voluntarily assume all risks and related expenses in the event that I, or any member of my traveling party, becomes infected with an Illness.
- I understand that it is my responsibility to monitor and follow all local and international recommendations and restrictions. I am responsible for obtaining relevant vaccinations, tests and certificates needed to enter all visiting countries. Any delays, cancellations or additional costs incurred for not following country guidelines are at my own expense.

Signature _____

Full Name _____ Date _____