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PASSENGER BOOKING FORM

Name of Tou	r							
Departure Do	ate							
Title	Ms Mrs Miss Mr Other: Date of Birth							
Preferred Firs	t Nan	ne (for name tag)						
Please pro	ovide y	our full name as per you	ır intended photo	o ID (Passp	oort / Driver's Licence)			
First Name	Middle Name/s							
Last Name				Mobile				
Email								
Address	Street							
	Sub	urb	Stat	e	Post Code			
Please quote Travel Dates Seating prefer	returi	Aisle Window	□ E w Seating pro	conomy eference w	l agent will arrange for Domestic Int Premium Economy ill be requested - but cann ld you need to guarantee	ternational Business to be guaranteed.		
Dietary Requirements (if any) Frequent Flyer Membership Number Airline								
Travel Insurance is a mandatory requirement for our International and Norfolk Island tours and is highly recommended for our Domestic tours. Please send me a quote I will arrange my own				All booked passengers are required to complete a Pre Departure Self-Assessment Medical Form at time of deposit. Failure to submit the form, or to provide accurate and honest medical information, may result in you being unable to participate in the tour.				
I will arrange with my travel agent								
Emerge	ncy C	ontact Information (must NOT be a	person tro	avelling with passenger	·).		
Full Name	Relationship to passenger							
Address Email				Mobile				
Date of compl	etion		Please initial the	at you agre	ee to the above on this pa	ge.		



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Your tour host will capture photos and videos throughout the tour to share with your group via the messenger chat. These will feature in the tour photo book, and possibly used in marketing campaigns.

If you prefer not to be photographed, that's absolutely fine. We kindly ask that you step aside during group or scenic photo opportunities. Please note that clients who choose not to be photographed will not be included in the complimentary tour photo book.

YES, I wish to partici	pate.	NO	, I do	not wisl	h to	particip	oate.
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Tour photo books are sent approximately five months after the tour's return date to the home address provided on your booking form

I understand that by selecting Yes, I authorise Solo Connections to use photos and videos taken of me during the tour, including any images shared by the Tour Host in the group chat, along with my first name only, for use in their marketing materials

I hereby release and hold harmless Solo Connections from any reasonable expectation of privacy or confidentiality related to the images described above.

I further acknowledge that my participation is voluntary and that I will not receive any financial compensation for the taking or use of these photos and videos, or for my participation in the company's marketing materials.

I understand and agree that the publication of these images does not confer any ownership rights or royalties.

I hereby release Solo Connections, its contractors, employees, and any third parties involved in creating or publishing marketing materials, from any liability for claims made by me or any third party related to my participation.

marketing r	naterials, trom any liability	tor claims made by me or any third party related to my participation.
My Trave	l Agent Details (if app	plicable):
Consulta	nt Name	
Business	Name	
Email		Phone
Address		
Google	000 % %	ions? Friend / Referral Facebook I have travelled with Solo Connections previously Other:

IMPORTANT INFORMATION: Please ensure the name provided matches exactly as it appears on your current identification. Travel insurance is mandatory for all Norfolk Island and international bookings. Before travel documents can be issued, Solo Connections must receive your insurance policy details, a completed booking form, and a completed Pre Departure Self-Assessment Medical Form. For all international tours, a scanned copy of your passport is also required. Failure to provide correct and complete information may result in additional administrative fees and/or cancellation of your reservation, for which Solo Connections accepts no responsibility, financial or otherwise. Reinstatement of cancelled or amended bookings will be subject to availability. As a legal requirement, all information provided on the Booking Form and the Pre Departure Self-Assessment Medical Form must be accurate and complete. If further information is needed, Solo Connections may request a letter from your doctor, in line with the general health and fitness clause outlined in our Terms and Conditions. Please refer to our Terms and Conditions below or on our website for full details.

I confirm that I have read and understood that my reservation is subject to Solo Connections' Terms of Trade, Booking Conditions, and Schedule of Service Fees.

I agree to pay a non-refundable deposit, as specified in my booking advice, to secure the above travel arrangements.

I also agree to provide a scanned copy of my Driver's Licence or Passport when requested, for the purpose of confirming the above travel arrangements.

Date of comp	oletion		
Signature			