Passenger Information Form

Surname:	Title:
Given Names: (as per passport)	
Address:	
Home Phone:	Mobile:
Email:	
Date of birth:	Name you like to be called:
Frequent flyer number & airline:	
Hotel requirements: ☐ Twin ☐ Double ☐ Single ☐ Triple	
Dietary requirements: ☐ Vegetarian ☐ Vegan ☐ Gluten-free diet ☐ Dairy free diet ☐ Coeliac ☐ Other:	
Special requests:-	
Terms and conditions are available from our website - https://www.villa.com.au/Terms-Conditions	
I have viewed and accept the booking terms and conditions ☐	Signed:
Emergency contact information	
Contact name:	Relationship:
Phone number:	Address:
Email address:	
Travel insurance	
Have you arranged travel insurance cover? Please provide details below	☐ - Yes ☐ - No
Insurance company:	
Policy number:	

Please complete this form and return signed.

The information on this form will be assessed and you may be required to complete an additional confidential medical form relating to the tour you are joining. All special requests such as those for particular airline seating, hotel rooms and dietary requirements will be forward to the appropriate suppliers, however, cannot be guaranteed by Villa Carlotta Travel.

I accept it is my responsibility to make myself aware of all information relevant to my travel plans, including but not limited to entry requirements and health precautions. Any required documents whether in electronic form or otherwise are my responsibility.

I have read and fully understand your terms and conditions of booking which are available from your website. I have also had the opportunity to read your schedule of professional service fees, which will also form part of the contract which I agree to enter into by placing a booking with you. I acknowledge and accept these terms and conditions by signing

Name: _____

Signature: _____

Date: _____