



# INTER DOMINION CHAMPIONSHIP

2019

## TOUR REGISTRATION FORM

### Your Details:

Full Name (as per Passport)		Preferred name	
Mobile Contact		Home Phone	
Home Address		Business Phone	
City & Postcode		Email address	

### Sharing With (if applicable):

Full Name (as per Passport)		Preferred name	
Mobile Contact		Email address	

### Preferred Accommodation Option:

Auckland Harbour Residences (Studio)	<input type="checkbox"/>	Auckland Harbour Residences (1 Bedroom Apartment)	<input type="checkbox"/>	Rydges Auckland	<input type="checkbox"/>
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### Preferred Room Type:

Double Room (1 Bed)	<input type="checkbox"/>	Twin Room (2 Beds)	<input type="checkbox"/>	Single	<input type="checkbox"/>
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### Preferred Tour Option:

<input type="checkbox"/> 17 Nights (28 November – 15 December 2019)	<input type="checkbox"/> 10 Nights (05-15 December 2019)
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### Please indicate your interest in the Optional Sightseeing Tours on Friday 6<sup>th</sup> December 2019

Kelly Tarlton's Sea Life Aquarium	<input type="checkbox"/>	Sky Tower	<input type="checkbox"/>	I am not interested in either of these tours	<input type="checkbox"/>
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### Please indicate your interest in attending the Barrier Draw Function (Sunday 8<sup>th</sup> December 2019) – Further Details TBC

<input type="checkbox"/> Yes, I am interested in attending	<input type="checkbox"/> No, I do not wish to attend
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### Flight Requirements - Please advise if you wish Holland Clarke & Beatson to arrange your flights for you

<input type="checkbox"/> Yes (please complete the box below)	<input type="checkbox"/> No
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### Flight Requirements -

Preferred Airline:	Departure Airport:
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**Thinking of extending your stay – please provide details below**

**Please let us know of any special assistance, allergies, dietary requirements, mobility issues that you may have...**

**Travel Insurance**

☐ I am interested in Holland, Clarke & Beatson arranging on my behalf

☐ I will arrange my own insurance cover & indemnify Holland Clarke & Beatson of all responsibility

**Emergency Contact Details: (Name, Phone Number & Email Address)**

**Deposit Payment Details**

**Deposit of \$500.00 per person NON REFUNDABLE required at time of booking**

**BANK ACCOUNT DETAILS**  
**Holland Clarke & Beatson Ltd**  
**ANZ Bank**  
**06 0801 0678911 00**  
**Reference: AKL (YOUR NAME)**

**I / we wish to make payment of \$500 per person** to Holland Clarke & Beatson Travel as indication of our keen interest in joining the AKL Interdominions Tour in 2019.

Please note: Payment can be made by **DIRECT DEPOSIT** or **CREDIT CARD\*** Credit Card Merchant Fee of 2% applies for payment by Mastercard or Visa, or 4% for AMEX or Diners.

Card Number		Expiry	
Name on card		Security/CVV Number	
Amount Paid			

Please email this completed registration form to [groups@hcbtravel.co.nz](mailto:groups@hcbtravel.co.nz)

Signature

Date