

BOOKING FORM

TRACKS 4X4 TAGALONG EXPEDITIONS



EXPEDITION

TOUR NAME:

PARTICIPANTS

NAME:	<input type="text"/>	SURNAME:	<input type="text"/>	AGE:	<input type="text"/>
NAME:	<input type="text"/>	SURNAME:	<input type="text"/>	AGE:	<input type="text"/>
ADDRESS:	<input type="text"/>				
MOBILE:	<input type="text"/>	EMAIL:	<input type="text"/>		

ADDITIONAL PARTICIPANTS

NAME:	<input type="text"/>	SURNAME:	<input type="text"/>	AGE:	<input type="text"/>
MOBILE:	<input type="text"/>	EMAIL:	<input type="text"/>		
NAME:	<input type="text"/>	SURNAME:	<input type="text"/>	AGE:	<input type="text"/>
MOBILE:	<input type="text"/>	EMAIL:	<input type="text"/>		

DRIVER DETAILS

DRIVER NAME #1	<input type="text"/>	LICENCE NO:	<input type="text"/>	STATE:	<input type="text"/>
DRIVER NAME #2	<input type="text"/>	LICENCE NO:	<input type="text"/>	STATE:	<input type="text"/>

VEHICLE DETAILS

VEHICLE MAKE	<input type="text"/>
MODEL	<input type="text"/>
YEAR	<input type="text"/>
INSURANCE COMPANY	<input type="text"/>
REGISTRATION	<input type="text"/>
FUEL TYPE	<input type="text"/>
FUEL CAPACITY (L)	<input type="text"/>

ACCESSORIES

DIFF LOCKS	<input type="checkbox"/>	ELECTRIC WINCH	<input type="checkbox"/>
RECOVERY POINTS	<input type="checkbox"/>	UHF RADIO	<input type="checkbox"/>

4WD EXP/ABILITY:

NOVICE
LIMITED
AVERAGE
EXPERIENCED

DRIVER#1

☐
☐
☐
☐

DRIVER#2

☐
☐
☐
☐

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OTHER

OTHER SKILLS/CERTIFICATIONS

Please list any certified skills and competencies you may hold that would be relevant to the tour. e.g. First Aid, Mechanic etc.

ANY PRE - EXISTING MEDICAL CONDITIONS?

EMERGENCY CONTACT DETAILS:

WHERE DID YOU FIND OUT ABOUT TRACKS 4X4 TAGALONG?

BANK DETAILS

NAME: TRACKS 4X4 TAGALONG

BSB: 082356

ACCT: 930904751

ALSO ACCEPT



CARD NUMBER:

SECURITY CODE:

NAME ON CARD:

EXPIRY DATE:

 /

Confirmation is made when Booking Form and Deposit of 25% have been receipted. Balance must be paid at least 30 days prior to the tour departure date.

☐

You have read and understood the [Terms and Conditions](#) including the limitations on liability and indemnity set out therein and agree on behalf of all travelers to be bound by the Terms and Conditions on and from the date of confirmation of this booking.

[Keeping safe - COVID 19 information](#)

PRINT NAME: _____ SIGNATURE: _____ DATE: _____

Tracks 4x4 Terms & Conditions
info@tracks4x4tagalong.com.au
tracks4x4tagalong.com.au