



T.D. Hatrick & Co Pty Ltd
ABN 14 059 270 790
Unit 4101 Bright Point
Nelly Bay
Magnetic Island 4819
Ph: 07 4758 1000 Fax: 07 4721 1616

Booking Form

PERSONAL INFORMATION

Every passenger is required to complete this form in CAPITAL LETTERS which must be signed and returned indicating that you have read, understood and agreed to abide by all Booking Conditions.

1. Last Name:	<input type="text"/>	First Name:	<input type="text"/>	Initial:	<input type="text"/>
2. Last Name:	<input type="text"/>	First Name:	<input type="text"/>	Initial:	<input type="text"/>
Home Address:	<input type="text"/>				
	<input type="text"/>				
Postcode:	<input type="text"/>	Country:	<input type="text"/>	State:	<input type="text"/>
Home No:	<input type="text"/>	Mobile:	<input type="text"/>		
Work No:	<input type="text"/>	Fax No:	<input type="text"/>		
Email Address:	<input type="text"/>				

PREFERRED TRAVEL DETAILS

Departure Date:	<input type="text"/>	No of passengers in group:	<input type="text"/>
Type of accommodation required:		Negotiated exclusive hire:	<input type="text"/>
I/we have travel insurance (including cancellation insurance):			<input type="text"/>

CHARTER DETAILS:



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We have read the **Booking, Insurance and Liability Conditions for Utopia** and agree to the terms.

1. Signature:

Date:

2. Signature:

Date:

It is required by Utopia that all passengers divulge any physical or mental conditions which may require treatment prior to boarding the vessel. Please also provide **current** Medical Practitioner information:

Medical Conditions: _____

Allergies: _____

Doctor's Name: _____

Doctor's Contact No: _____

METHOD OF PAYMENT - I/we wish to confirm our booking application.

Total Payment: \$ _____ AUD

Cheque/ Money Order:

Bank Transfer:

NOTE: If selecting this option, please contact us so we may email you our bank details
