

# BUDDHIST PILGRIMAGE INDIA ~ OCT 28 – NOV 12, 2023

## BOOKING FORM

Mr Mrs Ms Miss (Circle) PLEASE PRINT CLEARLY

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb/City: \_\_\_\_\_ Post Code: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Passport No: \_\_\_\_\_ Place of Issue: \_\_\_\_\_

Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiry: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dietary Requirements: (for flight, meals etc) \_\_\_\_\_

Pre-existing Medical Conditions: \_\_\_\_\_

Person to contact in case of Emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Email \_\_\_\_\_ Mobile \_\_\_\_\_

**Booking statement:** (Please **X** and **circle** where applicable)

- I have paid the early bird price of the tour - \$6,980 prior to Aug 18, 2023 by direct funds transfer/cheque/money order/cash.
- I have paid by the full price of the tour - \$7,480 by direct funds transfer/cheque/money order/cash.
- I have paid the **\$1000 non-refundable deposit** for the tour by direct funds transfer/cheque/money order/cash.
- I will require a single supplement, which I am aware will require an extra cost to the final balance.  
If Single supplement is required, please add an additional **\$1220** to your balance payment.

### Payment Information

**Direct funds transfer details:** Bank Name: Bendigo Bank. BSB: 633-000. Account name: Drol Kar Buddhist Centre.  
Account Number: 140164773 Reference: [your name] +India

Please make cheques or money orders payable to: **Drol Kar Buddhist Centre.**  
Post your completed booking form, passport photocopy with your deposit/full payment to the address below:

**Drol Kar Buddhist Centre**  
**Buddhist Pilgrimage India Tour**  
**625 Nortons Rd, Paraparap VIC 3240**

Please read the following statement and sign below to indicate your acceptance of these stipulations

*I am aware that the activities arranged by Drol Kar Buddhist Centre may involve hazards and risks, which include inclement weather, forces of nature, delays, detours, accident or illness in isolated areas.*

*I agree to take out my own travel insurance and agree to exempt Drol Kar Buddhist Centre from any liability.*

*I have read and I accept the conditions included in the General Information provided.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_