

**2019 Jelly Bean Cruise BOOKING Registration FORM**  
Departs Brisbane: 5<sup>th</sup> December 2019 on P & O Pacific Aria – 8 Nights

**PLEASE USE BLOCK LETTERS**

**Main Passenger:**

Salutation (Mr/Mrs etc) \_\_\_\_\_ Last Name \_\_\_\_\_, Given Names \_\_\_\_\_

Contact Details: Address \_\_\_\_\_ Postcode \_\_\_\_\_

Email Address \_\_\_\_\_ Contact Telephone ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Identification No. (DL or passport) \_\_\_\_\_

**2<sup>nd</sup> passenger details:**

Salutation (Mr/Mrs etc) \_\_\_\_\_ Last Name \_\_\_\_\_, Given Names \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Identification No. (DL or passport) \_\_\_\_\_

**3<sup>rd</sup> passenger details:**

Salutation (Mr/Mrs etc) \_\_\_\_\_ Last Name \_\_\_\_\_, Given Names \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Identification No. (DL or passport) \_\_\_\_\_

**4<sup>th</sup> passenger details:**

Salutation (Mr/Mrs etc) \_\_\_\_\_ Last Name \_\_\_\_\_, Given Names \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Identification No. (DL or passport) \_\_\_\_\_

- In the case of Children, please provide Medicare Number/s in place of DL or passport numbers

Stateroom Type:  Inside,  Oceanview,  Balcony,  Suite

Sharing:  Single,  Twin/double,  Triple,  Quad

\*Triple/Quad stateroom sharing is subject to availability in each category. Try  Interconnecting?

\*No Quad Balcony Cabin Category is available on this sailing

**PAYMENT METHOD**

- Please charge a non-refundable deposit of \$120 per person to my Credit Card (incurs 2.75% charge)  
(Circle) Credit Card Type: MasterCard | Visa | American Express  
Note \*2<sup>nd</sup> Deposit \$250pp Due in April & Final payment due in September 2019.

Name on card: \_\_\_\_\_ Card number \_\_\_\_\_

Expiry Date \_\_\_\_\_ CVV \_\_\_\_\_ Number of Passengers ( ) Total amount \$ \_\_\_\_\_

I'd prefer to make payment by an alternative method, please contact me to make arrangements.

I'd like to set up a Fundraising page for DANII -Please contact me:  Yes  No

Signed by the Main Passenger in this Authority \_\_\_\_\_ Date: \_\_\_\_\_

Enquiries call Donna 0418 465 245 - Please fax form to 02 9870 8840 or email to [team@danii.org.au](mailto:team@danii.org.au)