GROUP BOOKING REQUEST FORM

Date of Booking Request	

Group Details:

Group/Team name	
Group organiser/leader name	
Contact phone number	
Contact email address	
Est. total number of people travelling:	Adults: Children:

Accommodation Requirements:

Travel Dates:	Check In: _____ Check Out: _____
Preferred Accommodation (Please circle):	- Self-Contained Apartments - Hotel Style - Resort Style
Est Budget for Accom (per, person/per, night)	
Do you require a team vehicle? (Please circle)	YES NO If Yes: No of Seats required:_____
Special Requests	

29c Spence Street, Cairns, QLD, 4870
PO Box 5124 Cairns QLD 4870
Phone: +61 7 4051 4066 Fax: + 61 7 4031 0701
Email: info@destinationcairns.com.au

Incorporated in Queensland A.B.N 60 010 921 669
Travel Agent Lic. TAG977
IATA/TIDS 96-8 3755 4

Tours and Activities:

Would you like information on Tours and Activities to do in Cairns during your visit?	YES NO If Yes: Please circle: - Great Barrier Reef - Islands - Fishing - Diving - Rainforest - Sightseeing - Adventure - Car hire - Scenic Flights

Additional Comments:

Further comments, requirements or special needs:	

Bookings and Confirmations:

- In order to secure your reservation, a deposit of 10% total price will be required at the time of booking.
- A further 40% of the total price will be required 30 days prior to check-in date.
- Final payment (along with final group numbers and naming list) will be required 7 days prior to check in date

Please complete this form and email it to: info@destinationcairns.com.au

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Or for more information, please contact us directly:

Toll Free Phone: **1800 807 730** Email: **info@destinationcairns.com.au**

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