

TRAVEL DATE: 4/15/2023 TERRITORY: T3

The Complete South Pacific RES#: 1074509

For Reservations Contact: Robin Beard (225) 766.7132 email: robinb@ropakele.com Ropakele Travel, 6145 Riverbend Blvd, Baton Rouge, LA 70820-5724

A deposit of \$600 per person is due upon reservation. Reservations are made on a first come, first served basis. Reservations made after the deposit due date of October 10, 2022 are based upon availability. Final payment due by February 14, 2023. Deposits are refundable up until October 17, 2022. YOUR INFORMATION:

Clearly print your full name (first/middle/last) as it appears on your government issued travel documentation.

IMPORTANT: In order to avoid any unnecessary change fees, it is imperative that all quest names are entered correctly from the start. The information below must be the legal name and be 100% identical to the ID being used to travel cpassport/driver's license including middle names or suffixes SIP, SIP.

First:	Middle:		_ Last:			Suffix:
Nickname:	Gender: () Male	() Female	Date of Birth: month		_ day	year
Address:		City:		State:	Ziړ	p Code:
Phone: ()	Cell: ()		Email Addr	ress:	
Passport Number:	Expiration D	ate: (month/day	/year)	_ Date of Issua	nce: (month/day	//year)
City, State, Country of Issuance:	Citizenship:					
Should you become ill or injured, whom s	should we contact (not traveling w	ith you):		_ Phone: ()
ROOMING WITH: Check if address is t	he same as Passeng	jer #1				
First:	Middle:		_ Last:			Suffix:
Collette cannot guarantee your seat preference. I Please be advised, when travelling as part of a gray "Federal law forbids carriage of hazardous mater baggage. A violation can result in 5 years' imprishttp://www.tsa.gov/traveler-information/prohibited TRAVEL PROTECTION: () Yes, I wish to p If you choose not to purchase Collette's Waiver Insee does not cover any single supplement charge supplement will be deducted from the refund of the covered reasons. See Part B for details.) EXTENSION: I wish to purchase "3-Night Fij ON TOUR ACTIVITIES: Please choose one Please Choose One: () Afternoon Walking Tour of Hobart () Early Riser Walking Tour of Hobart PLEASE MAKE CHECKS PAYABLE TO: Fig. 19 Please Choose One: () Afternoon Walking Tour of Hobart PLEASE MAKE CHECKS PAYABLE TO: Fig. 19 Please Choose One: () Early Riser Walking Tour of Hobart PLEASE MAKE CHECKS PAYABLE TO: Fig. 19 Please Choose One: () Please Choose One: () Early Riser Walking Tour of Hobart PLEASE MAKE CHECKS PAYABLE TO: Fig. 19 Please Choose One: () Please Choose One: () Please Choose One: () Early Riser Walking Tour of Hobart PLEASE MAKE CHECKS PAYABLE TO: Fig. 19 Please Choose One: () Please Choose One	roup, many airlines do rials such as aerosols, fonment and penalties of items." urchase travel protect urance Plan, you will incress which arise from an ite person who cancels. i" () Yes () No ite of the following of the following of the following of the person ()	not provide seat as fireworks, lithium by \$250,000 or motion \$449 () It cur penalties for chindividual's travelity (There is coveragen tour activities)	ssignments. Preferred se patteries & flammable liquine. Details on prohibited No, I decline langes and cancellations. Ing companion electing to the under Part B which incompanion selections.	ating may be avaulds aboard the a items may be for Travel Protection cancel for any reludes a single su	ailable for an additi ircraft in your chec und on TSA's "prol n Payment is due w eason prior to dep upplement benefit d	ional charge. cked or carry-on hibited items" web page: with first deposit. The Waiver parture. The single of \$1,000 for certain
Waiver/Insurance Amount: \$	Deposit Am	ount: \$	Total a	mount enclosed	d: \$	
Cardholder Name (if paying by Credit Card):						
Cardholder Billing Address:	ress is the same as abo	ove				
Cardholder Phone:			Amount: \$			
Credit Card Number:	the below conditions	and agreement	to credit card use:	Date:	M Y Y	

I agree to pay according to the card issuer agreement. I understand and accept the cancellation policy, terms and conditions. See http://www.gocollette.com/aboutcollette/terms-and-conditions for full terms and conditions of your purchase.

Important Conditions: Your price is subject to increase prior to the time you make full payment. Your price is not subject to increase after you make full payment, except for charges resulting from increases in government-imposed taxes or fees.

TOUR: The Complete South Pacific **DEPARTURE DATE:** Apr 15, 2023 **GROUP NAME:** Ropakele Travel **BOOKING NUMBER: 1074509**

AVAILABLE PREPAID OPTIONS

Personalize your tour by adding an optional activity below. Our recommended options have been carefully chosen to help enhance your individual experience. Complete the provided Prepaid Options Form to reserve your options.

Availability is limited and reservations are on a first come, first served basis. Payment must be received no later than 15 days prior to departure. Prices are subject to change. Children under the age of 18 MUST be accompanied by an adult.

PASSENGE	RS NAME: (Please submit a	separate form for each passen	ger)		
Salutation:_	First: , Mrs., Rev.)		Last: CTLY as it appears on Passport)		Nickname:
(IVII	, IVII 5., Rev.)	(Flease plift EXA	CTLT as it appears on Passport)	(JI.	, 31.)
✓			Option		Price Per Person (USD)
	Dinner with the Ma	ori			95.00
	A Blaze of Glory or	the Shotover Rive	er!		120.00
		d (boat has heated ha	andlebars) and you may get we	t during this option.	
	A Camel Ride, the	Rock and a Sunris	е		130.00
	•	uire advance notice i	be available due to timing of su for any guest weighing 100kg/2.		
	Outer Reef Experie	ence			150.00
	Gold Seeker – Met If you choose to cand refundable.		overy Tour 48 hours of the excursion date,	payment is non-	150.00
		at least 45 days prior Performance will be	r departure. This optional is non a Symphony, Opera or Ballet, b		280.00
	Sydney Harbour B This option is based	ridge Climb on availability and we	eather permitting. Guests over t		255.00
	A Sydney Foodie S			, ,	145.00
	Bruny Island Gourn	net Adventure			150.00

Please make checks payable to Ropakele Travel and send to:

Ropakele Travel Attn: Robin Beard 6145 Riverbend Blvd

Baton Rouge, LA 70820-5724

Fax: (225) 766-7132