## **Booking form**

## Australian Ornithological Services Pty Ltd

l our	SALL.
(1) Name .(1)	
(2) Name (2)	
Telephone number	
E-mail	
D.O.B	
Do you require a  □ single room*?  □ twin room ? (2 beds)  □ double room? (1 large bed)	
Please list foods you are allergic to, or intensely dis	
Please let us know if you have any concerns	
Deposit sent / /	
Balance due 30 days prior to departure. Please return this form to A	4OS

\*A single supplement applies to single rooms

PO Box 385 South Yarra 3141 Victoria Australia