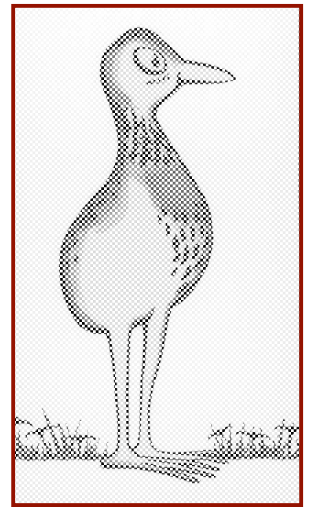


# Booking form

## Australian Ornithological Services Pty Ltd



Tour.....

(1) Name .(1). .....

(2) Name (2) .....

Telephone number .....

Address.....

.....

E-mail.....

D.O.B..... 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* dislike.

.....

.....

Please let us know if you have any concerns

.....

Deposit sent / /

Balance due 30 days prior to departure. Please return this form to AOS  
PO Box 385 South Yarra 3141 Victoria Australia

**\*A single supplement applies to single rooms**