

# 2015 NZ U19 SOFTBALL TOUR - BOOKING FORM

ROOM TYPE  Single  Double  Twin  Triple  Quad  
ARE YOU TRAVELLING ALONE AND LOOKING TO SHARE  Yes  No

## PERSON 1

NAME: Mr/Mrs/Ms/Dr \_\_\_\_\_ MALE/FEMALE  
(as per passport)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ P/CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ SHIRT SIZE \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL \_\_\_\_\_

PASSPORT NO: \_\_\_\_\_ COUNTRY \_\_\_\_\_

FAMILY/FRIEND COMPETING \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NOTES / REQUESTS \_\_\_\_\_

## PERSON 2

NAME: Mr/Mrs/Ms/Dr \_\_\_\_\_ MALE/FEMALE  
(as per passport)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ P/CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ SHIRT SIZE \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL \_\_\_\_\_

PASSPORT NO: \_\_\_\_\_ COUNTRY \_\_\_\_\_

FAMILY/FRIEND COMPETING \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NOTES / REQUESTS \_\_\_\_\_

*Add additional sheets if more than 2 persons booked as one group*

## PAYMENT DETAILS

### **TOTAL PRICE** \_\_\_\_\_

1. Bank Transfer. Bank: BNZ Auckland Acc No: 02-0108-0276009-000  
In Description, write "Softball – YOUR NAME" (eg. Softball – JONES)

### **2. Credit Card (2.5% surcharge applies to Visa, MCard)**

Type of Card VISA MASTERCARD

Card No: \_\_\_\_\_ Expiry \_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_

Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

Send to:

SportsLink International NZ  
C/- STA Travel New Zealand Ltd  
Email: [bookings@sportslinkinternational.com](mailto:bookings@sportslinkinternational.com)  
Fax: (09) 973 2467

