HAYLLAR MUSIC TOURS BOOKING FORM 2025



BENDIGO CHAMBER MUSIC FESTIVAL | 5-9 FEBRUARY 2025

MAHLER FESTIVAL IN AMSTERDAM | 9-19 MAY 2025

Number of people you would like	e to book for:	Details for Person 2 if appli	Details for Person 2 if applicable		
Title (Person 1) (as per passport))	Title (Person 2) (as per pas	Title (Person 2) (as per passport)		
First Name (Person 1) (as per pa	ssport)	First Name (Person 2) (as p	First Name (Person 2) (as per passport)		
Last Name (Person 1) (as per pa	ssport)	Last Name (Person 2) (as p	Last Name (Person 2) (as per passport)		
Date of Birth (Person 1)		Date of Birth (Person 2)	Date of Birth (Person 2)		
E-mail (Person 1)		E-mail (Person 2) (If differer	E-mail (Person 2) (If different to Person 1)		
Phone (Person 1)		Phone (Person 2) (If differe	Phone (Person 2) (If different to Person 1)		
Address (Person 1)		Address (Person 2) (If differ	Address (Person 2) (If different to Person 1)		
City	State/County	City	State/County		
	L				
Postcode/Zip Code	Country	Postcode/Zip Code	Country		

If booking for more than 2 people, please contact us to request additional booking forms or download more at

www.hayllarmusictours.com/booking-information. Alternatively, please contact us on +61 (0) 2 9669 9181 to book over the phone.

Would you like us to provide a quote for Travel Insurance?		If yes, please list any medical conditions we should be aware of when quoting for travel insurance:				
	Yes No					
	ld you like us to provide ote for air travel? Yes No	 Preferred class of air travel (if you selected yes to air travel quote): Economy Class Premium Economy Business Class First Class 	Frequent Flyer Number:	 Preferred Seat Option: Window Seat Aisle Seat Middle Seat No Preference 		
Hote	el Room Choice: Double Room Single Room Twin Room Twin Share Match (if available	Would you like us to provide hotel upgrade options for the tour (if available): Yes No				
Nam	e of next of kin:		Relationship of next of kin to you:	Phone Number:		
Com	ments or other travel arrangen	nents required:				
A de	posit of AUD\$1,500 per person	is due to secure your place on the to	ur.			
	se select your payment method:					
 Cheque (please enclose a cheque made payable to Hayllar Music Tours) Direct Bank Transfer (if you tick this option Hayllar Music Tours will contact you with our bank details) Credit Card Payment 						
If paying by Credit Card, please charge the deposit to my:						
	Visa	Card Number		Amount		
	Mastercard Amex Diners	Expiry Date	CVC			
If the registered address for the Credit Card is different from the address used previously, please include the card address here:						
Terms & Conditions: I/We have noted the Terms & Conditions (www.hayllarmusictours.com/terms-conditions) and agree to be bound by them.						
Signed Date						

Please send your completed form to: Hayllar Music Tours, Level 11, 10 Bridge Street, Sydney, NSW, 2000, Australia Alternatively you can email a scanned copy to contact@hayllarmusictours.com If you have any questions please contact us on +61 (0) 2 9669 9181



www.hayllarmusictours.com



ATAS Accreditation No: A10870

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