



# Reservation Application

TOUR NAME Sri Lanka: Elephants, Temples, Spices & Forts 2027

TOUR DATES 9 January - 28 January 2027

Please complete **one application, per person in block letters and sign**. Parental signature is required for participants under 18 years of age. Please mail this form with the appropriate deposit to: **P.O. Box 8285, ARMADALE, VICTORIA, 3143**. On receipt of this Reservation Application and deposit, ASA will process your booking and if approved, send you a tour confirmation.

## Applicant Details (as in passport)

TITLE Mr  Mrs  Ms  Miss  Dr  Other \_\_\_\_\_

FIRST NAME \_\_\_\_\_ Preferred FIRST NAME \_\_\_\_\_

MIDDLE NAME \_\_\_\_\_ SURNAME \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_ POSTCODE \_\_\_\_\_

TEL. (AH) ( ) \_\_\_\_\_ TEL. (BH) ( ) \_\_\_\_\_ Mobile Tel: \_\_\_\_\_

EMAIL address \_\_\_\_\_

Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ GENDER Male  Female

Passport Number \_\_\_\_\_ Expiry date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Nationality \_\_\_\_\_

Colour copy of my current valid passport enclosed  I'm renewing my passport  ASA has a colour copy of my current passport

Covid Certificate  A copy of my current international certificate enclosed

## Travel Plans

I plan to leave Australia before the tour commences. Planned departure date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I will be arranging my airfare independently and taking the Land Content Only option.

## Tour Accommodation (rooming preferences)

I/we would like:  a twin-bedded room  a double-bedded room  a room for sole occupancy

I am travelling:  on my own  with a friend/family member Travel Companion \_\_\_\_\_

## Meals

I do not have any specific dietary requests

Please **X** the box if you **CAN NOT** eat any of the following:

fish  poultry  red meat  dairy products

eggs  pork  nuts

Other \_\_\_\_\_

Allergies: Refer to the Medical Information

## Correspondence

Your preferred method of correspondence  Postal Mail  Email Address \_\_\_\_\_

## Emergency Contact Details

Note: this person **MUST** be available by telephone and be present in Australia for the duration of your tour with ASA

Name \_\_\_\_\_ Relationship to Traveller \_\_\_\_\_

Address \_\_\_\_\_

TEL. (AH) ( ) \_\_\_\_\_ TEL. (BH) ( ) \_\_\_\_\_ Mobile Tel: \_\_\_\_\_

EMAIL address \_\_\_\_\_

The purpose of seeking this information is to assist ASA to determine, where necessary, whether ASA is able to make reasonable adjustments to accommodate your specific needs and whether your health and safety (or that of your fellow travellers) is likely to be compromised given your choice of tour. It will also assist you and ASA if you fall ill or have an accident whilst travelling.

- ASA reserves the right to decline your Reservation Application if this Medical Information section is not completed properly and may reject or cancel your reservation, or terminate your participation on any tour, if ASA subsequently learns that you have failed to make full and proper disclosure.
- ASA is committed to protecting the privacy of your personal information. ASA's privacy policy is available for viewing at [www.asatours.com.au](http://www.asatours.com.au)
- If ASA has any concerns about the information you have provided, it will contact you to request clarification before considering your Application.
- ASA requires you to consider carefully your limitations in light of ASA's Physical Endurance Star Rating System in ASA's Brochure and Itinerary when choosing your tour.
- If you are not likely to satisfy ASA's Participation Criteria (see below), ASA, in its sole discretion, may reject your Reservation Application.
- It is a condition of your tour that you agree to accept the directions of ASA's Tour Leaders in relation to your suitability to participate in activities planned on tour.
- ASA reserves the right to cancel your participation on a tour if your behaviour is in ASA's opinion causing undue distress or damage to any person or their property.
- If your participation is discontinued during a tour, ASA will assist by arranging your onward travel (if required) at your own cost, but you will not be refunded for forfeited parts of the tour.
- ASA tour groups are not accompanied by a medical practitioner. ASA recommends that you see your doctor for advice about your specific needs while overseas. You may also wish to contact a travel and vaccination clinic for advice. [www.traveldoctor.com.au](http://www.traveldoctor.com.au) tel: 1300 658 444; [www.travelvax.com.au](http://www.travelvax.com.au) tel: 1300 360 164.
- Travel insurers require you to declare all existing medical conditions.
- Please carry a complete list of medications with you during the ASA tour. Include **generic names** of each medication (consult your local pharmacy for information).

Please mark **X** in the YES or NO box to every question below and provide details where necessary:

## Participation Criteria

To participate in an ASA tour, you must be reasonably fit, in good health and able to participate in all activities without assistance from Tour Leaders or other tour members. **You must also be fully vaccinated against Covid-19.** If you require assistance, a fit and able travel companion must undertake to accompany and assist you with all tasks for the duration of the whole tour. The responsibility of the Tour Leader is to ensure that the larger group enjoys a relaxing and informative journey, and he or she cannot be relied upon to provide ongoing individual assistance to any one guest.

- |   | YES                   | NO                    |
|---|-----------------------|-----------------------|
| 1. Can you walk and stand unassisted for at least 2-3 hours a day in hot, humid conditions?               | <input type="radio"/> | <input type="radio"/> |
| 2. Can you walk unassisted on and over uneven surfaces?   | <input type="radio"/> | <input type="radio"/> |
| 3. Can you climb at least 3 flights of stairs and/or walk up and down steep slopes unassisted?            | <input type="radio"/> | <input type="radio"/> |
| 4. Can you walk at a steady pace and no less than 1km every 15 - 20 minutes unassisted?                   | <input type="radio"/> | <input type="radio"/> |
| 5. Can you organise, manage and carry your own luggage?   | <input type="radio"/> | <input type="radio"/> |
| 6. Can you follow and remember tour instructions and meet punctually at designated times and places?      | <input type="radio"/> | <input type="radio"/> |
| 7. Can you administer your own medication?  | <input type="radio"/> | <input type="radio"/> |
| 8. You do NOT have impaired vision or hearing which may impact your capacity to participate on this tour? | <input type="radio"/> | <input type="radio"/> |

## Mobility and Fitness

As many of ASA's international sites do not provide access to wheelchairs or similar mobility aids, we regret that ASA tours are not suitable for people who require the use of a walking frame, wheeled walker, wheelchair or motorised scooter.

1. Do you suffer from any medical conditions that may compromise your mobility and/or fitness to participate on this program? YES NO
- If yes, please specify

\_\_\_\_\_

If yes, how will you manage this on tour?

\_\_\_\_\_

## Allergies and/or Food Intolerances

ASA will make reasonable endeavours to organise meals to suit you, provided that you give ASA adequate notice of your specific dietary requirements or allergies. You may be required to research dietary alternatives, as not all destinations may be able to offer suitable food substitutes.

1. Do you have any food allergies or intolerances? YES NO
- If yes, please specify

\_\_\_\_\_

2. Have you ever had an anaphylactic reaction to anything?
- If yes, please specify

\_\_\_\_\_

Do you carry an epipen?

3. Do you have any other allergies or reactions to anything, including medical drugs?
- If yes, please specify

\_\_\_\_\_

\_\_\_\_\_

## Existing Medical Conditions

You alone are responsible for managing any existing medical conditions, your medication and any medical equipment that you may need when on your tour. Please plan for contingencies and take extra medication, dietary supplements and/or fully charged batteries for medical equipment if your health and safety depends on these. You should take into consideration that power sources at some destinations may be unavailable, inadequate, inconvenient or unreliable.

1. Have you any significant medical conditions that may impact your capacity to complete this tour? YES NO
- If yes, please specify

\_\_\_\_\_

If yes, how will you manage this on tour?

\_\_\_\_\_

2. Do you require some form of powered medical aid, such as a CPAP machine?

These machines may not be operable on certain international flights, modes of transport, in remote or other areas with inadequate or unreliable power sources without a fully charged independent long life battery or batteries.

**Diabetics:** You may be travelling and sightseeing for many hours at a time. Insulin dependent diabetics must carry extra supplies of insulin (as this medication cannot be obtained in some destinations), regulators, applicators, storage and refrigeration equipment, as well as any necessary supplements. Accommodation may not provide refrigerators in rooms.

3. Are you diabetic?

Are you insulin dependent?

4. Do you suffer from travel sickness?
- Remember to use an appropriate medication while on tour.

## Declaration

I declare that: I have read and understood the ASA Tour Itinerary, Reservation Application and Booking Conditions. I am aware of ASA's terms as relating to refunds, cancellations, responsibility and liability. I understand that ASA relies upon this declaration when considering this Application. I accept the inherent dangers, risks and uncertainties in travel and those beyond ASA's control and understand they may occur before or during any tour. I have made full and complete disclosure and have not knowingly withheld any medical information about myself from ASA. I have completed this Reservation Application honestly and accurately. I warrant that I am able to participate independently in all activities described by ASA in the itinerary without assistance from any person.

I will advise ASA in writing if any aspect of my fitness and or health conditions change materially at any time before my departure date. I understand and accept that the itinerary, accommodation and lecturers scheduled for this tour may change.

I agree and consent that ASA may give my personal information in this Reservation Application to tour service providers and relevant authorities as required by law, but only for the purpose of making bookings with and engaging services associated with the tour. I understand that if I do not consent to the use of my personal information for this purpose, ASA will decline my Reservation Application.

In consideration of ASA's acceptance of my Reservation Application, I irrevocably release and indemnify ASA from all claims that I, or any other party, may have against ASA its employees, invitees, agents and contractors, however arising in respect of any loss, damage, injury, death or expense incurred in the course of booking, preparing for, travelling to, on and from or cancelling any tour.

I release and indemnify ASA with respect to:

1. Every general risk to which I or my personal belongings may be exposed in the course of preparing for, travelling to, on or from any ASA tour;
2. Every special risk, in particular medical risks, to which I may be exposed in the course of preparing for, travelling to, on or from any ASA tour arising from, including, but not limited to:
  - a. intermittent power cycles and/or the temporary or permanent loss of power (beware CPAP or any other medical machine users);
  - b. dietary, food or other allergies (ASA cannot guarantee that traces of items to which you are allergic are not present in food or drink you are served, medication you are administered or other substances with which you may come into contact);
  - c. any event or situation that may compromise the administration of necessary medication or my health, safety and wellbeing generally; and
  - d. any event or happening beyond ASA's control
3. All claims arising as a result of my or ASA's cancellation or termination of any tour, part of a tour or of my continued participation on a tour for any reason (subject to ASA's refund conditions below).

## Limitation of Liability

ASA is not a carrier, event or tourist attraction host, accommodation or dining service provider. All bookings made and tickets or coupons issued by ASA for transport, event, accommodation, dining and the like are issued as an agent for various service providers and are subject to the terms and conditions and limitations of liability imposed by each service provider. ASA is not responsible for their products, services, terms and conditions. If a service provider cancels or does not deliver the product or service for which you have contracted, and does not give a refund, your remedy lies with the service provider, not ASA.

ASA will not be liable for any claim (e.g. sickness, injury, death, damage or loss) arising from any change, delay, detention, breakdown, border closures, cancellation, failure, accident, act, omission or negligence of any tour service provider or authority however caused (contingencies). You must take out such travel insurance as is available against such contingencies.

ASA's liability in respect of any tour cancelled or changed will be limited to the partial refund of amounts you have paid, less an administration fee of \$500 and other costs and charges of third party service providers. No compensation will be payable to you by ASA where ASA cancels or changes a tour, or any part of a tour.

ASA reserves the sole discretion to cancel any tour or to modify itineraries in any way it considers appropriate and in the best interests of health, safety and wellbeing of tour participants. Tour costs may be revised, subject to unexpected price increases or exchange rate fluctuations.

## Booking Conditions

### DEPOSITS

A non-refundable deposit of \$1000.00 AUD per person is required to reserve a place on an ASA tour.

### CANCELLATION FEES

If you cancel your booking the following charges apply:

More than 120 days before departure: your initial deposit of \$1000.00 is non-refundable.\*\*

120-46 days prior 30% of total amount due

45-0 days prior 100% of total amount due

\*\*\$500.00 of this amount (ie 50% of your deposit) may be credited to another ASA tour departing within 12 months of the original tour you booked. We regret, in this case early-bird discounts will not apply.

***We take the day on which you cancel as being that on which we receive written confirmation of cancellation.***

### UNUSED PORTIONS OF THE TOUR

We regret that refunds will not be given for any unused portions or services of the tour, such as meals, entry fees, accommodation, flights or transfers.

### WILL THE TOUR PRICE OR ITINERARY CHANGE?

If the number of participants on a tour is significantly less than budgeted, or if there is a significant change in exchange rates ASA reserves the right to amend the advertised price. We shall, however, do all in our power to maintain the published price. Occasionally circumstances beyond the control of ASA make it necessary to change airline, hotel or to make amendments to itineraries. We will inform you of any changes in due course.

### TRAVEL INSURANCE

ASA requires all participants to obtain comprehensive travel insurance. A copy of your travel insurance certificate and the **reverse charge** emergency contact phone number must be received by ASA no later than 120 days prior to the commencement of the tour.

### FINAL PAYMENT

The balance of the tour price will be due 120 days prior to the tour commencement date.

## PLEASE READ THE ABOVE CAREFULLY, PRINT AND SIGN BELOW

I accept the conditions on this booking form  I have read the information about the physical requirements of the tour in the detailed itinerary and confirm that I am able to meet these requirements

Applicant's Signature

Print Full Name

Dated

**Tour Name:** Sri Lanka: Elephants, Temples, Spices & Forts 2027

Name of Traveller 1 \_\_\_\_\_

Name of Traveller 2 \_\_\_\_\_

I have enclosed a payment to the value of \$ \_\_\_\_\_ (including CC or bank fee if applicable) for this tour

The above amount is payable for:

- Intention to Travel     Tour Deposit  
 Balance of Payment     Upgrade from Intention to Travel to a Deposit  
 Travel Insurance     Other (eg. Airfares, Accommodation) \_\_\_\_\_

## International Payments

Welcome to our international travellers! If you are making a payment and do not have an Australian bank account/credit card, we can only accept payment as follows:

- via credit card with the applicable fee - the credit card company/bank will set the exchange rate
- via bank transfer; please give your surname and tour code (eg. Smith 21705) as a reference and ask your bank to allow for all charges.

Bank cheques or personal cheques will not be accepted.

### By Cheque (accept Australian cheques only)

Please make cheques payable to *Australians Studying Abroad*

### Direct Deposit or Internet Banking

You will need to:

1. Provide your bank with ASA's bank details (see below) and the amount you wish to transfer OR make a direct deposit through any ANZ branch
2. Include any fees levied by the banks
3. Provide a reference number (Mobile or last name recommended).
4. Complete section below, including confirmation no. (given when transaction completed).

#### Australians Studying Abroad bank details

**Bank** ANZ  
**Branch** 420 St Kilda Road, Melbourne Vic  
**Swift Code** ANZBAU3M  
**BSB** 013-423  
**Account No** 3472-32759

Bank confirmation No. \_\_\_\_\_

Reference used: Mobile or last name recommended

Date Money Transferred \_\_\_\_\_

### Credit Card Payment

Credit card fees apply: Mastercard, Visa & American Express 2%

Please debit my:  Mastercard  Visa  American Express

I authorise ASA to debit my credit card for the amount due plus the applicable fee as above

Credit Card Number \_\_\_\_\_

Expiry Date \_\_\_\_\_ Security Code (CVC) \_\_\_\_\_

Bank the Card is linked to (eg. NAB or ANZ) \_\_\_\_\_

Cardholders Name \_\_\_\_\_

Cardholders Billing Address \_\_\_\_\_

Postcode \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Cardholders Signature \_\_\_\_\_