BLT - QANTAS Local Fare Scheme Booking Form

GDS Booking Ref:	
SAM Booking #:	



				e this form accurately ar	d completely IN P	ERSON at the	Torres Shire C	ouncil Offices	on Thurso	day Island	V1-3	
TR	AVELLING	PASSENGE	R DETAILS									
	Mr/Mrs	First Name		Surname		Date of Birth*	Letter of Eligibilit	y Number	Issue	Expiry	Qantas Frequent Flyer	
	Miss/Ms	(Exactly as per	r LOE ID)	(Exactly as per Lo	OE ID)	dd/mm/yyyy	including HID or	HAM prefix only	Date:	Date:	Number or Individual Tel	
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	*Date of Birth only required to be completed for Infants and Children under 12 years of age.											
ANY SPECIAL REQUIREMENTS												
Medical /Physical (if any) eg Wheelchair/lift or Buggy in Cairns												
BO	OKING CO	NTACT DET	AILS									
Nan			70	Relationship to Pax 1 above	EMAIL			Tel(Mob):		Tel(Oth	ner).	
realions.			relationship to rax rabove	DIOTAX TABOVE LIMAL		Tel(MOD).		roi(outor).				
EI I	GHT ITINE	ADV DETA	II C /NID	Travel MUST Originate	ot Horn Island o	nd roturn to L	lorn Island\					
					at norm island al		iorii isiariu)	0.1 1.6			1 . / 6 /	
Day of Week eg MON, TUE		Date	Month	FROM		TO					ght / afternoon flight /	
								Flight Numl	ber / conn	ecting flights	eg to/from Townsville	
				Horn I	olond	Cairna						
		Horn Is	Sianu	Cairns								
				Cairna		Horn I	aland					
				Cairns		Horn Is	sianu					
I ha	ve read the BL	terms and cor	nditions as app	licable to the Queensland Gov	ernments' Local Fare S	Scheme bookings	and accept them o	n behalf of all mer	mbers of my	party by whom	I am duly authorised to make	
this	booking I also	acknowledge th	nat QANTAS m	ay charge name or date amen	dment penalties if I do	not provide comp	lete or accurate info	rmation on this b	ooking form.		•	
	•	_			·				•			
I au	thorise the amo	unt of \$	to	be charged to MY Visa / Maste	ercard Credit/Debit Car	rd Number XXXXX	(XXXXXXXXXX N	B - Credit/Debit	Card Details	s must be pho	ned through to BLT Office	
	I authorise the amount of \$ to be charged to MY Visa / Mastercard Credit/Debit Card Number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX											
Cardholder Name:				Signed (on behalf of all members of my party):			Date:					
This completed Booking Form along with Letters of Eligibility and IDs sighted by Torres Shire Council NameSignature:Signature:Signature:												