



New Year's Eve 2010 Ticket Booking Form

Please complete the entire form and return to The Elite Cruise Company via fax: 02 9571 8477
or post: The Elite Cruise Company, PO Box 378, Rozelle NSW 2039

Blue Room-Sydney Harbour

Adults: \$550 pp (includes GST)
Children (under 18): \$540 pp
Groups of 10 or more: \$520 pp

Olympic Storm

Adults: \$495 pp (includes GST)
Children (under 18): \$485 pp
Groups of 10 or more: \$465 pp

Details

Booking Name: _____
first name surname

If in a group, please supply your other guests' names in full (for larger groups, please attach a separate list):

_____ first name surname

_____ first name surname

_____ first name surname

Total Number of Tickets: _____ Vessel: Blue Room Olympic Storm

Contact Number: _____
home mobile

Email Address: _____

Postal Address: _____

If travelling from overseas or outside of Sydney, please provide the following details:

Hotel Name: _____ Date of arrival: _____

Name the hotel room is under: _____ Contact Number: _____

Method of Payment

Credit Card

If yes, please complete the credit card approval form below.
No card payments accepted without the completed form.

Cheque

Cheques payable to: **The Elite Cruise Company**
Mail with this form to: PO Box 378
Rozelle NSW 2039

Bank Transfer Payment

Transfer funds to National Australia Bank BSB: 082 330,
Account Name: The Elite Cruise Company, Account Number: 545 630 037
When paying by bank transfer, your booking name MUST be used as
the reference for identification. The Elite Cruise Company will not hold
tentative bookings for tickets. Payment must be made at the time of booking.

Credit Card Approval Form

Credit cards cannot be processed unless all the following details are provided.

Booking Name: _____

Total Number of Tickets: _____ @ \$_____ each = **Total Amount:** _____

Credit Card Holder's Name: _____

Card Type: VISA Mastercard AMEX

Card Number: _____ Expiry Date: _____ / _____

I hereby authorise The Elite Cruise Company to charge the amount of \$_____ to the above credit card. I as the credit card holder have identified the amount that will be processed and have approved this.

Card Holder Signature: _____ Date: _____