



AYM Golf Tours Pty Ltd

ABN: 31 120 620 153 Lic. 2TA5840

BOOKING FORM

1. PERSONAL DETAILS:

Full Name: (As passport)	First name	Middle name	Family name		
Address:					
Passport No.		Expiry Date		D.O.B	
Tel No.		Fax No.		Mobile	
E-mail:					
Room Type	Smoking <input type="checkbox"/>	N S <input type="checkbox"/>	DBL <input type="checkbox"/>	Twin <input type="checkbox"/>	Single <input type="checkbox"/>
Golf	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Emergency contact person	Phone	Mobile	Relationship		

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Golf	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Emergency contact person	Phone	Mobile	Relationship		

Please fill details email: sheriyu@aymgolf.com or fax back to 02-9484 0530