

Diwali - Festival of Lights
23 October to 5 November 2019
Mysuru - Chennai - Pondicherry

This is a fully escorted bespoke tour for a maximum of twelve travellers

\$4485 per person twin share
\$5705 solo traveller with own room

- all prices are in AUD
- prices quoted are based on a minimum of eight travellers
- price does not include international airfares

Payment details

\$1200 per person non refundable deposit due at the time of booking
Balance due 110 days prior to departure

Payment options

Direct deposit to: Skillstoursim Pty Ltd
Commonwealth Bank of Australia
BSB:062-000
Account number: 16787895

Room Type:

Double* Twin Own Room Willing to share

*Please note double beds are not guaranteed

Price/Exchange Rates:

This tour price is based on a minimum of eight persons travelling. Subject to final group numbers and exchange rates, prices may vary slightly. You will be notified immediately of any changes. No change to price will occur once full and final payment has been received.

Important Information:

Australian passport holders require a visa for India.

Your passport must have six months validity beyond your return date to be valid for travel.

Travel Insurance is compulsory to join us in India. We recommend that you obtain your travel insurance at the time of booking.

For information regarding vaccinations please contact your doctor.

PASSENGER 1 (AS PER PASSPORT)

Title _____ Surname _____

First Name _____

Other Names _____

Occupation _____

Nationality _____ Birth Date _____

Passport No. _____ Expiry Date _____

PASSENGER REQUIREMENTS

Medical/Special Requirements* _____

Postal Address _____

_____ Postcode _____

Home Ph: _____ Mob _____

Email _____

EMERGENCY CONTACT DETAILS*

Name _____ Phone _____

Relationship to Passenger _____

*Other than the person you are travelling with

Travel Insurance Provider _____

Emergency Ph: _____ Policy No. _____

PASSENGER 2 (AS PER PASSPORT)

Title _____ Surname _____

First Name _____

Other Names _____

Occupation _____

Nationality _____ Birth Date _____

Passport No. _____ Expiry Date _____

PASSENGER REQUIREMENTS

Medical/Special Requirements* _____

Postal Address _____

_____ Postcode _____

Home Ph: _____ Mob _____

Email _____

EMERGENCY CONTACT DETAILS*

Name _____ Phone _____

Relationship to Passenger _____

*Other than the person you are travelling with

Travel Insurance Provider _____

Emergency Ph: _____ Policy No. _____

DECLARATION

All parties have read, understood and agree to abide by the terms, conditions and responsibilities as outlined in their invoice.

Passenger 1 Name _____ Signature _____ Date _____

Passenger 2 Name _____ Signature _____ Date _____