



FAMIL REQUEST FORM
Reef Magic Cruises

Full Name			
Position			
Company Name			
Type of Employment	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Casual <input type="checkbox"/> WHV Holder
Email		Mobile	
Tour Requested	<input type="checkbox"/> Snorkel Tour	<input type="checkbox"/> Intro Diving	<input type="checkbox"/> Snuba Diving <input type="checkbox"/> Reef Heli <input type="checkbox"/> Cert Diving <input type="checkbox"/> Snuba Doo <input type="checkbox"/> Helmet Diving
Date of Travel			
Transfer	<input type="checkbox"/> Self Drive to Reef Fleet Terminal <input type="checkbox"/> Hotel transfer from: _____		
Other Pax <i>incl. relationship & child ages</i>			
Dietary Requirements			

DEPARTMENT MANAGER AUTHORIZATION			
<p>Terms of Travel: Traveller to call Reservations (4031 1588) for final confirmation and make full payment prior to travel. Famil requests must be made Mon-Fri between 9am and 4.30pm, ideally with at least 48 h notice. Please complete and return to sales@experienceco.com.</p>			
Manager Full Name		Title	

REEF MAGIC CRUISES OFFICE USE ONLY			
Employee/Agent Discount Offered:	FOC levy included FOC + levy ___% Discount		
Accompanying Pax Discount Offered	FOC levy included FOC + levy ___% Discount		
Total Amount Payable			
Additional Notes			
Booking Number		Pick up/Check in time	