

Appendix A



TRAVEL REQUEST FORM

Robyn Wright, Capital Travel

Email: robyn@capital.travel Phone: 04 4999 760

Date of request: _____

Your name: _____

Your contact details: _____

NZAGS reason for travel: _____

Title (Mr, Ms, Mrs, Dr, Etc.)

First name (as per photo ID)

Family name (as per photo ID)

Departure city

Destination city

Departure date

Preferred departure time

Return date

Preferred return time

Frequent flyer numbers

Passport nationality (if travelling overseas)

Special meal/seating requests

Accommodation required Yes No

Travel insurance required Yes (please provide date of birth) No

Other requests