



BARRAMUNDI FISHING & WILDLIFE SAFARIS
 P O Box 442 Kununurra WA 6743
 ABN 35 266 209 760

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Print or Scan form, complete and return by email or fax

Date:

CONTACT NAME:	GROUP No.
PHONE CONTACT/S:	MOBILE No./s:
EMAIL/S:	
GROUP NAMES:	

SAFARI:	<input type="checkbox"/> UA1 Ord Experience Full Day	<input type="checkbox"/> UA4 Ord Venture Half Day
Please mark	<input type="checkbox"/> UA2 Ord Escape 2 Day/ 1 Night	<input type="checkbox"/> UA3 Ord Adventure 1 Day /2 Night Self drive

SAFARI DATES:

PICK UP TIME:	LOCATION:
DROP OFF TIME:	LOCATION:

COST per person: \$	TOTAL COST: \$
20% Deposit: \$	

Pay by CASH / MASTERCARD / VISA / DIRECT DEBIT: Date Paid _____ Ref Used _____ To Account Ultimate Adventures, NAB Kununurra BSB #086 787 Account #62458 9861 Name on card: _____ Card Number: _____ Expiry Date: __/__/__ Security Code: ___ (back of card) Address of Cardholder: _____

Dietary/Medical Advice:

Other Notes:

Bookings are confirmed upon receipt of 20% deposit of total booking cost or an authorized voucher from a qualified agent. Full payment for bookings is required prior to safari departure date. No refund applies to cancellations made two months or less prior to safari departure. 10% of deposit may be reclaimed for cancellations made more than two months prior to departure date. Consideration of all refunds is undertaken by Ultimate Adventures upon receipt of written request. Ultimate Adventures takes no responsibility for weather or undesirable conditions outside of their control.