



CLASSIC CRUISERS

BOOKING CONFIRMATION FORM

Please fill out and return as soon as possible to:
info@classiccruisers.com.au

FUNCTION DATE: _____

NAME: _____

NUMBER OF PASSENGERS: _____

PICK-UP ADDRESS: _____

_____ SUBURB: _____

2ND PICK-UP ADDRESS (if applicable): _____

_____ SUBURB: _____

PHONE: HOME: _____ MOBILE: _____

PICK-UP TIME: _____ CAR'S: _____

FUNCTION VENUE: _____

ADDRESS: _____

SUBURB: _____ ARRIVAL TIME: _____

RETURN ADDRESS (if applicable): _____

_____ SUBURB: _____

RETURN PICK UP TIME: _____ CARS: _____

I confirm I have read and agree to Classic Cruisers' Terms and Conditions. Terms and Conditions are available at classiccruisers.com.au.

FULL NAME: _____ SIGNED: _____

DATE: _____