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| Group Name: |  |
| Booking Number: |  |

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| Tour Leader Name: |  | Tour Leader Mobile Contact: |  |

\*IMPORTANT INFORMATION FOR PASSENGERS WITH SPECIAL NEEDS:

Passenger/s with mobility impairment or passenger/s using a mobility aid are required to board and disembark the vessel via our People Mover. Checkin is required 2-hours prior to the scheduled departure time and delays of up to 45-minutes may occur when disembarking. Please complete details below. For further information, refer [here](https://www.spiritoftasmania.com.au/terms-and-conditions/special-needs)

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| Cabin | Surname | First Name | Title | Passenger Type  Adult/Child (DOB n/a for School Students) | | Passengers with Mobility Impairment  \*Refer above  Please provide details ie; uses walking frame, mobility scooter etc | Private Cabin | Forward Cabin Type | Return Cabin Type | Vehicle Make, Model & year | Length | Height | Vehicle Registration & State Registered |
| Example | Citizen | John | Mr | Adult | | N/A | Y | Twin Bed Inside Cabin | Twin Bed Porthole Cabin | Toyota Corolla 2018 | 4.9m | 1.8m | IGP4AA  VIC |
| Citizen | Jane | Mrs | Adult | | Walking frame |
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| Cabin | Surname | First Name | Title | Passenger Type  Adult/Child (DOB n/a for School Students) | | Passengers with Mobility Impairment  \*Refer above  Please provide details ie; uses walking frame, mobility scooter etc | Private Cabin | Forward Cabin Type | Return Cabin Type | Vehicle Make, Model & year | Length | Height | Vehicle Registration & State Registered |
| **5** |  |  |  |  | |  |  |  |  |  |  |  |  |
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| Cabin | Surname | First Name | Title | Passenger Type  Adult/Child (DOB n/a for School Students) | | Passengers with Mobility Impairment  \*Refer above  Please provide details ie; uses walking frame, mobility scooter etc | Private Cabin | Forward Cabin Type | Return Cabin Type | Vehicle Make, Model & year | Length | Height | Vehicle Registration & State Registered |
| **13** |  |  |  |  | |  |  |  |  |  |  |  |  |
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| Cabin | Surname | First Name | Title | Passenger Type  Adult/Child (DOB n/a for School Students) | | Passengers with Mobility Impairment  \*Refer above  Please provide details ie; uses walking frame, mobility scooter etc | Private Cabin | Forward Cabin Type | Return Cabin Type | Vehicle Make, Model & year | Length | Height | Vehicle Registration & State Registered |
| **21** |  |  |  |  | |  |  |  |  |  |  |  |  |
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