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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 |
| Example | Citizen | John | Mast | Student |  | Y | Four Bed Inside Cabin | Four Bed Porthole Cabin |
| Sample | Andrew | Mast | Student |  |
| Test | Peter | Mast | Student |  |
| Model | Brian | Mast | Student |  |
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| **4** |  |  |  |  |  |  |  |  |
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| **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 |
| **6** |  |  |  |  |  |  |  |  |
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| **8** |  |  |  |  |  |  |  |  |
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| **9** |  |  |  |  |  |  |  |  |
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| **10** |  |  |  |  |  |  |  |  |
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| **11** |  |  |  |  |  |  |  |  |
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| **12** |  |  |  |  |  |  |  |  |
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| **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 |
| **14** |  |  |  |  |  |  |  |  |
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| **15** |  |  |  |  |  |  |  |  |
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| **16** |  |  |  |  |  |  |  |  |
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| **17** |  |  |  |  |  |  |  |  |
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| **18** |  |  |  |  |  |  |  |  |
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| **19** |  |  |  |  |  |  |  |  |
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| **20** |  |  |  |  |  |  |  |  |
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| **21** |  |  |  |  |  |  |  |  |
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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 |
| **22** |  |  |  |  |  |  |  |  |
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| **23** |  |  |  |  |  |  |  |  |
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| **24** |  |  |  |  |  |  |  |  |
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| **25** |  |  |  |  |  |  |  |  |
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| **26** |  |  |  |  |  |  |  |  |
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| **27** |  |  |  |  |  |  |  |  |
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| **28** |  |  |  |  |  |  |  |  |
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| **29** |  |  |  |  |  |  |  |  |
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