

Group booking form

Return by fax: 3235 1124
For assistance phone: 1300 768 595
Email: group.bookings@qr.com.au
Website: queenslandrail.com.au
NB: minimum of 7 working days is required to process bookings

Organisation: _____ Contact name: _____

Address: _____ Suburb: _____ Postcode: _____

Email: _____ ABN: _____

Forward journey

Travel date	Departing station	Dep. time	Platform	Train	Coach	Destination station	Arr. time	Platform

Return journey

Travel date	Departing station	Dep. time	Platform	Train	Coach	Destination station	Arr. time	Platform

Description	Numbers charged	Numbers free	Unit cost	Zones
Adult			\$	
Concession/student/child			\$	
Child under 5	N/A		Free	

Group booking payment advice

Cheque/Money details

Drawer: _____ Bank: _____ Branch: _____ Date: ____/____/____ Amount: \$ _____

Credit card details

Visa Mastercard

Credit card number: _____ Expiry date: ____/____/____ Security number: _____

Cardholder signature: _____ Amount: \$ _____

Ledger account

Ledger number: _____ Warrant number: _____ Amount: \$ _____

Destination/venue: _____ Special requests (e.g. wheelchairs): _____

Would you like a free rail safety presentation? Yes No

Entered: _____ Date: ____/____/____