

BOOKING FORM

Please complete (in block capitals) all mandatory information below

Cruise Name		Package	<input type="checkbox"/>
Booking Reference Number		Cruise-tour (no air)	<input type="checkbox"/>
UK Departure Date		Cruise-only (no air or land)	<input type="checkbox"/>
Sailing Date		Optional Extensions:	
Cabin Grade & Number		Flight Class:	
Preferred Departure Airport		Flight dietary requirements:	

MANDATORY PASSENGER INFORMATION

Passengers Details	Lead Name	2nd Passenger
Past Swan Hellenic passenger (please indicate)	Yes/No	Yes/No
Surname (as shown in passport)		
First and Middle Names in full (as shown in passport)		
Mr/Mrs/Miss/Ms/Other (please specify)		
Occupation		
Place of Birth		
Nationality		
Date of Birth		
Passport Number		
Date of Issue/Expiry Date	/	/
Place/country of Issue		
Home Address (including postcode)		
Telephone Number Day/Evening	/	/
E-mail address		
Emergency Contact (not travelling) Name		
Relationship to passenger		
Address (including postcode)		
Telephone Number Day/Evening	/	/

TRAVEL INSURANCE (only available for UK residents)

All passengers must be adequately insured. For Swan Hellenic recommended insurance, please see our website.

YES Swan Hellenic recommended insurance is required.
If **yes**, premiums must be paid with the deposit.

NO Alternative cover has been issued by: _____
Policy No. _____
If **no**, please also supply the emergency contact telephone number of the insurance company providing alternative cover.

MEDICAL DECLARATION

All the above named persons are fit to travel and are not travelling contrary to medical advice. All pre-existing medical conditions or disabilities which may require treatment or assistance aboard ship, or the use of a wheelchair, must be declared.

*NB. This declaration is for on-board use only and **NOT** for insurance purposes. A separate declaration must be made to your insurance provider. If there is a change in the general health of any of the above named, medical advice should be sought before taking the proposed holiday. A medical certificate may be requested.*

RESTAURANT

Special dietary requirements.

Agent's Stamp

ABTA No.

Reference:

PAYMENT DETAILS (Cruise Price £ _____ per person)

Non-refundable deposit – 10% of total holiday cost £ _____
Full payment for bookings within 91 days of departure £ _____
Insurance premium (must be paid with deposit) £ _____
TOTAL (deposit or full payment plus insurance premium) £ _____
Cheques should be made payable to Swan Hellenic

DEBIT/CREDIT CARD PAYMENTS (Visa/Mastercard/Delta/Maestro)

Valid from: _____ Expiry date: _____
Issue No. _____ Name on card: _____
Card No.
Security Code: *The last three digits on the back of your card. This information will be destroyed after payment has been received.*
Card billing address (if different from above)

A 3% surcharge is applied to final balance payments made by credit card, see Fair Trading Conditions on our website. No charge for Debit Cards/Cheques.

SIGNATURE

On behalf of the persons named above, whose authority I have to sign this agreement, I have read the information on this cruise and accept the Terms and Conditions.

Name (please print)

Signature

Date

Reservations Tel: 0844 209 9000 Fax: 0844 412 1765

Website: www.swanhellenic.com

Swan Hellenic is a trading name of

All Leisure Holidays Ltd.

Registered in England No. 2888825

Registered address as below

