

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

Passenger Details	Lead Name	2nd Passenger
Past Swan Hellenic passenger (please indicate)	Yes/No	Yes/No
Surname (as shown in passport)		
First Name (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 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	/	/

ANTARCTICA CRUISE ONLY – Complimentary red parka (specify size and no. required) S M L XL XXL

TRAVEL INSURANCE (only available for UK residents)

All passengers must be adequately insured. For Swan Hellenic recommended insurance, please see page 109.

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.

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/Amex/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 pages 108/109. No charge for Debit Cards/Cheques.

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

Agents' Stamp

ABTA No. _____

Reference: _____

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: 0845 017 0017 Fax: 0845 017 0126
Website: www.swanhellenic.com

Swan Hellenic is a trading name of
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Registered address as below

