

Booking form

Please complete (in block capitals) all compulsory information below to avoid booking delay

Booking Ref No: MM	UK Departure Date	Sailing Date
Preferred Departure Airport	Flight Class	
Cruise-only (no air) <input type="checkbox"/>	Flight dietary requirements	

COMPULSORY PASSENGER INFORMATION

Passenger Details	Lead Name	2nd Passenger
Discovery Club No. (if applicable)		
Surname (as shown in passport)		
First Name (as shown in passport)		
Mr/Mrs/Miss/Ms/Other		
Occupation		
Place of Birth		
Nationality		
Date of Birth		
Passport No.		
Date of Issue/Expiry Date		
Place of Issue		
Home Address		
Postcode		
Telephone No. Day/Evening		
E-mail Address		
Emergency contact (not travelling) Name		
Relationship to passenger		
Address		
Telephone No. Day/Evening		
Cabin Grade & No.		

DINING ROOM REQUEST Early Sitting (dinner 6.15pm approx.) Main Sitting (dinner 8.15pm approx.)

Table for: 2 4 6

Special Requests ie birthday, anniversary, special diets, table with friends (advise name and cabin number of friends)

Unfortunately requests cannot be guaranteed and we ask all passengers to reconfirm upon embarkation

Please Note: The restaurant has a 'no smoking' policy

SPECIAL MARITIME INTERESTS To assist us in the planning of this voyage, please state if you have a Shipping Company or ship that is of special interest to you _____

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. 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.

TRAVEL INSURANCE (only available for UK residents)

All passengers must be adequately insured YES Voyages of Discovery recommended insurance is required (details on request)

NO Alternative cover has been issued by: _____

If yes, insurance premiums will be added to your invoice and must be paid with the deposit. If no, please also supply the policy no. and emergency contact telephone number of the insurance company.

PAYMENT DETAILS

Non-refundable deposit – £200 per person or 10% of total holiday cost (whichever highest). Full payment for bookings within 77 days of departure

£ _____

Insurance premium (if applicable)

£ _____

TOTAL (deposit or full payment plus insurance premium)

£ _____

Cheques should be made payable to Voyages of Discovery

NB. There is no charge for deposits made by credit card. However, a 3% surcharge is applied to final balance payments made by credit card.

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 (available on request) of Voyages of Discovery.

Name (please print) _____ Date _____ Signature _____

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) _____