

# booking form

Please complete all compulsory information below to avoid booking delay  
Return to: Pukekohe Travel, 89 King St, Pukekohe.

<b>Cruise Name</b>		<b>Package</b>
<b>Booking Reference Number</b>		<b>Cruise-only (no air or land)</b>
<b>Departure Date</b>		<b>Optional Extensions:</b>
<b>Sailing Date</b>		
<b>Embarkation</b> (Port/date)		<b>Disembarkation</b> (Port/date)

## REQUIRED PASSENGER INFORMATION

<b>Passenger Details</b>	<b>Lead Name</b>	<b>2nd Passenger</b>
Last Name (as shown in passport)		
First Name (as shown in passport)		
Mr/Mrs/Miss/Dr/Other		
Name preferred to be known by		
Sex M/F		
Occupation		
Place of Birth (City/State)		
Citizenship		
Birth Date (day/month/year)		
Passport Number		
Date of Issue (day/month/year)		
Expiry Date (day/month/year)		
Place of Issue		
Home Address		
Suburb		
City		
Postcode		
Telephone Number (day/evening)		
E-mail address		
Emergency: Contact (next of kin)		
Contact Phone Number		
Cabin Grade & Number		
Discovery Club Membership No.		
Frequent flyer details		

### DINING ROOM REQUEST

Early Sitting (dinner 6.15pm approx.)    Main Sitting (dinner 8.15pm approx.)

Table for:    2     4     6

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

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

**BEDDING PREFERENCE**    twin     double

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

### 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.

### 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

### INSURANCE

All passengers must purchase fully comprehensive travel insurance.

Insurance policy has been issued by: \_\_\_\_\_

Insurance company 24hr emergency telephone no: \_\_\_\_\_

### WHERE DID YOU HEAR ABOUT THE CRUISE/TOUR

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Pukekohe Travel

Celebrating 30 years

89 King St, Pukekohe

Ph 237 1049    Toll Free 0800 785 386

info@pukekohe-travel.co.nz

www.pukekohetravel.co.nz

Voyages  
of Discovery

www.voyagesofdiscovery.co.nz