

# SWAN'S RIVER CRUISES

## BOOKING FORM

Please complete (in block capitals) all compulsory information below

Cruise Name	
Booking Reference Number	
UK Departure Date	
Sailing Date	
Cabin Grade & Number	
Travel by Air <input type="checkbox"/> OR Train (Rhône and Rhine cruises only) <input type="checkbox"/>	

### COMPULSORY PASSENGER INFORMATION

Passenger Details	Lead Passenger	2nd Passenger
Past Swan Hellenic passenger	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 (DD/MM/YY)	/	/
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	/	/

#### TRAVEL INSURANCE (only available for UK residents)

All passengers must be adequately insured. For Swan Hellenic recommended insurance, please see page 25.

**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 supply your insurance company 24-hour assistance contact telephone number: \_\_\_\_\_

#### PAYMENT DETAILS (Cruise Price £ \_\_\_\_\_ per person)

Non-refundable deposit – 10% of total holiday cost £ \_\_\_\_\_  
Full payment for bookings within 91 days of departure £ \_\_\_\_\_  
Swan Hellenic 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 24 and 25. 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, 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

#### LEAD PASSENGER 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 0170 126

Website: [www.swansrivercruises.co.uk](http://www.swansrivercruises.co.uk)

Swan Hellenic is a trading name of All Leisure Holidays Ltd.  
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<b>Agents' Stamp</b>	
ABTA No.	Reference: