SWAN'S RIVER CRUISES

BOOKING FORM

Please complete (in block capitals) all mandatory information below

Cruise Name		
Booking Reference Number		
UK Departure Date		
Sailing Date		
Cabin Grade & Number		
Travel by Air ☐ OR Train (Rhône and Rhine cruises only)		

MANDATORY PASSENGER INFORMATION

Passenger Details	Lead Name	2nd Passenger
Past Swan Hellenic passenger	Yes/No	Yes/No
Surname (as shown in passport)		
First Name (as shown in passport)		
Middle Names (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 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, or the use of a wheelchair, must be declared.

NB: This declaration is for on-board use only and NOT for insurance purposes. A seperate 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:

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/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.

LEAD NAME 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.swansrivercruises.co.uk

Swan Hellenic is a trading name of All Leisure Holidays Ltd.
Registered in England No. 2888825 Registered address as below

Please return to: **Swan Hellenic, Lynnem House, 1 Victoria Way, Burgess Hill, West Sussex RH15 9NF**

ABTA ABTA No.W0302 ATTO THE ASSOCIATION OF INDEPENDENT TOUR OPERATORS