

SKYLINK TRAVEL & TOURS LTD

(ATOL 9839)

Unit 1, Ground Floor, MS Business Centre, 22 Chapel Lane, Pinner, Middx HA5 1AZ

Tel: 020 8902 3007 Email: info@skylinkworld.co.uk Website: www.skylinkworld.co.uk

Booking Form

Date:

(Please write in CAPITAL letters)

Title: _____ First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Nationality: _____

Address: _____

Town: _____ County: _____ Post Code: _____

Tel No.: _____ Work Tel No.: _____

Mobile: _____ Email: _____

Occupation: _____

Next of Kin Name: _____ Relation: _____ Contact No: _____

- Tour Interested:
- Rocky Mountain tour & Alaska Cruise - 15 Days: Depart – 17/05/2020 or 07/06/2020
 - Japan & China Cruise from Tokyo - 20 Days: Depart – 06/06/2020
 - Southern Caribbean from Miami to New York - 17 Days: Depart – 09/05/2020
 - Australia and New Zealand from Sydney - 23 Days: Depart – 19/11/2020
 - Hawaii Cruise with Honolulu, San Francisco & Los Angeles - 14 Days: Depart – 18/11/2020
 - Dubai & Abu Dhabi Cruise from Dubai - 11 Days: Depart – 20/11/2020
 - Northern Europe cruise from Southampton to Hamburg - 05 Days: Depart – 20/05/2020
 - Northern Europe Cruise (Southampton) - 08 Days: Depart – 13/05/2020 OR 23/09/2020

No. Of Adults: _____ Departure Date: _____ Return Date: _____

Cabin Type: Inside Cabin Outside Cabin Balcony Cabin

Cabin Sharing: Single Twin Double Triple

Room Type: Non-smoking Smoking Meal Request: Veg. Jain

Passport Type: British Indian Other _____

Special Requirements: _____

Document Required: 1) Colour Copy of Passport 2) Copy of Travel Insurance 3) Colour Passport Size Photographs x 2

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Health Questionnaire

Date:

(This form need NOT to be filled or verified by GP)

1. Diabetic: Yes No

If yes, more information _____

2. Blood Pressure: Yes No

If yes, more information _____

3. Heart Problem: Yes No

If yes, more information _____

4. Asthmatic: Yes No

If yes, more information _____

5. Arthritis: Yes No

If yes, more information _____

6. Knee Replacement: Yes No

If yes, more information _____

7. Any other health problem: _____

8. Any regular medication: _____

Disclaimer: This questionnaire is for the purpose of information only.

This is passenger's responsibility to provide us correct medical condition information.

Please note: By signing below, you are confirming that you have read and understood our booking conditions and are abiding the same.

Date: _____

Signature: _____