

ABN: 69 218 793 873

## (Cruise Trip Booking Form)

Cruise to:	Nights//202_
Booking	
* Name	
* Phone	
* E-mail	
* Requested Cabin for 2 3 4 Window ca  * Dinner Early dinner 5:30 pm	Single Cabin bin Balcony Cabin Late dinner 8:00 pm Own time
Passenger details (1)	
* Title Mr Ms Mrs  * First Name	Dr Miss  * Surname
	Surname
* Date of Birth	* Nationality
	* Nationality
* Passport Number	* Copy of the passport provided
* Address	
* City	* State
* Postcode * Co	ountry
Passenger details (2)	
* Title Mr Ms Mrs	Dr Miss Master
* First Name	* Surname
as shown on passport	
* Date of Birth	* Nationality
* Passport Number	* Copy of the passport provided
* Address	
* City	* State
* Postcode * Co	puntry

Passenger details (3) * Title Mr Ms Mrs Dr Miss
* First Name * Surname
as shown in passport
* Date of Birth * Nationality
* Passport Number * Copy of the passport provided
* Address (
* City * State
* Postcode * Country
Passenger details (4)
* Title Mr Ms Mrs Dr Miss Master
* First Name Surname
* Date of Dirth
* Date of Birth * Nationality
* Passport Number * Copy of the passport provided
* Address
* City ( ) * State ( )
* Postcode * Country
* Emergency Contact
* Address (
* Telephone No. * Relationship to you
This part for travel agent use only
Booking No. Total Payment
Cabin No. Deposit
Cabin category Balance
Current price PP Receipt No
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