



E MAIL TO:
 HORIZONS CRUISE AND TOURS
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HORIZONS CRUISE AND TOURS (HCT) ADHOC BOOKING FORM

PASSENGER DETAILS	PASSENGER 1	PASSENGER 2	
TITLE: (DR, MR, MRS, MS)			
SURNAME: (as on passport)			
GIVEN NAME(S): Christian (as on passport)			
PREFERRED NAME: (For Name badge)			
DATE OF BIRTH: Day/month/year)			
STREET ADDRESS:			
TEL (MAIN):			
TEL (MOBILE):			
EMAIL:			
EMERGENCY CONTACT NAME/PHONE/ADDRESS NUMBER/RELATIONSHIP			
CREDIT CARD NO:			
NAME ON CARD:			
EXPIRY DATE / CCV:			
PASSPORT NUMBER:			
PASSPORT EXPIRY: **			
PASSPORT ISSUE DATE/CITY			
INSURANCE (Do you require HCT to assist)			
FULL CRUISE OR PACKAGE DESCRIPTION:			
FREQUENT FLYER			
ACCOMMODATION			
STOPOVERS OR OTHER DEVIATIONS:			
AIR CLASS	Economy <input type="checkbox"/>	Premium Economy <input type="checkbox"/>	Business <input type="checkbox"/> First <input type="checkbox"/>
SEATING PREFERENCE	Forward <input type="checkbox"/>	Bulk Head <input type="checkbox"/>	Rear <input type="checkbox"/>
	<p>Clients should have travel insurance and Passport should have minimum of 6 months validity at time of departure</p>		