



The air holidays and flights\* in this brochure are ATOL Protected by the Civil Aviation Authority. Our ATOL Number is ATOL 2980

**PLEASE COMPLETE IN BLOCK CAPITALS**

SHIP: \_\_\_\_\_ CRUISE NUMBER: \_\_\_\_\_  
 DEPARTURE DATE FROM UK: \_\_\_\_\_ CRUISE ONLY OR FLY CRUISE: \_\_\_\_\_  
 STATEROOM CATEGORY: \_\_\_\_\_ STATEROOM NUMBER: \_\_\_\_\_ TWIN  QUEEN BED   
 Pre Cruise Hotel: \_\_\_\_\_ Post Cruise Hotel: \_\_\_\_\_

**GUEST DETAILS AS SHOWN ON PASSPORT**

Title			
Forenames (In Full)			
Surname			
Date of Birth	/ /	/ /	/ /
Town & Country of Birth			
Citizenship			
Crystal Society Number			
Passport Number			
Passport - Place of Issue			
Passport - Date of Issue	/ /	/ /	/ /
Passport - Date of Expiry	/ /	/ /	/ /

**FLIGHT DETAILS** IF BOOKED ON A CRUISE ONLY WITH US PLEASE STILL SUPPLY FLIGHT INFORMATION

Regional Flights Needed  
 Yes  No   
 From \_\_\_\_\_ To \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_

**OUTBOUND**

Date \_\_\_\_\_  
 Flight No. \_\_\_\_\_  
 From \_\_\_\_\_  
 To \_\_\_\_\_

**HOMEBOUND**

Date \_\_\_\_\_  
 Flight No. \_\_\_\_\_  
 From \_\_\_\_\_  
 To \_\_\_\_\_

**CLASS**

Economy   
 WTP   
 Club   
 First

**FLIGHT Requests**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CLIENT HOME ADDRESS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode \_\_\_\_\_  
 Daytime Tel No. \_\_\_\_\_  
 Evening Tel No. \_\_\_\_\_  
 E-mail \_\_\_\_\_

**IN CASE OF EMERGENCY PLEASE NOTIFY**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Daytime Tel No. \_\_\_\_\_  
 Evening Tel No. \_\_\_\_\_  
 How did you hear about Crystal Cruises  
 Recommendation  Brochure  Travel Agent   
 Travel Show  Advertisement  Crystal Society

I have read and agree on behalf of all the persons named above to accept the Booking Conditions and the information given in this brochure especially on page 155. I enclose my deposit payment of 10% of the holiday cost (20% for penthouse guest). Payment in full within 90 days of departure.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Your booking has been made with The Cruise Portfolio, UK GSA for Crystal Cruises.

**Dining Room Requirements**

Although every attempt will be made to satisfy your requests, please be advised that all dining room seating arrangements are subject to availability and cannot be a condition of booking.

Main Sitting   
 Late Sitting   
 Preferred Table Size:  
 Tables of 2  4  6  8   
 Onboard Special Requests (These cannot be guaranteed)  
 1. Special Occasion \_\_\_\_\_  
 2. Dietary Requirement \_\_\_\_\_  
 3. Travelling with Friends? Please give name/Stateroom No. \_\_\_\_\_  
 4. Do you require a special needs form YES  NO

**Insurance**

I confirm I am insured with: \_\_\_\_\_

Agent's stamp

**Westgate Travel** trading as:  
**COASTAL CRUISES**  
 91 Talbot Road, Talbot Green  
 Pontyclun, Mid Glamorgan CF72 8AE

ABTA No: 90295

Agent's Ref: \_\_\_\_\_