



E MAIL TO:
HORIZONS CRUISE AND TOURS
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HORIZONS CRUISE AND TOURS (HCT) 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:						
TYPE of CABIN GRADE (twin/double/single)	Single <input type="checkbox"/>	Twin <input type="checkbox"/>	Double <input type="checkbox"/>	Balcony <input type="checkbox"/>	Ocean View <input type="checkbox"/>	Suite <input type="checkbox"/>
FREQUENT FLYER						
PAST PAX MEMBERSHIP #'s: (CRUISE LINES)						
AUSTRALIAN DEPARTURE POINT:	SYDNEY <input type="checkbox"/>	BRISBANE <input type="checkbox"/>	MELBOURNE <input type="checkbox"/>			
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"/>			
SPECIAL REQUESTS (DINING PREFERNCE, DIETARY OR MEDICALNEEDS						
PACKAGE PRICE (Per person)	AUD\$					
	<p>Clients should have travel insurance and Passport should have minimum of 6 months validity at time of departure</p>					