





BOOKING FORM

PASSENGER ONE	PASSENGER TWO
Title: Surname: First name(s):	Title: Surname: First name(s):
Date of birth: day month year Nationality: Occupation:	Date of birth: day month year Nationality: Occupation:
CONTACT DETAILS	CONTACT DETAILS if different to passenger one
Address:	Address:
Tel: (home/mobile) Tel: (work) e mail:	Tel: (home/mobile) Tel: (work) e mail:
VOYAGE DETAILS	INSURANCE
VOYAGE DETAILS Preferred departure date:	INSURANCE Comprehensive travel insurance for the duration of the voyage is compulsory.
	Comprehensive travel insurance for the duration of the voyage is
Preferred departure date: No. of nights: 7 14 14 Other (please specify)	Comprehensive travel insurance for the duration of the voyage is compulsory.
Preferred departure date: No. of nights: 7 14 10 Other (please specify) Accommodation requested:	Comprehensive travel insurance for the duration of the voyage is compulsory. Please provide the following details:
Preferred departure date: No. of nights: 7 14 14 Other (please specify) Accommodation requested: Double bedded 15 Sole use of double 1	Comprehensive travel insurance for the duration of the voyage is compulsory. Please provide the following details: Name of insurance company:
Preferred departure date: No. of nights: 7 14 10 Other (please specify) Accommodation requested:	Comprehensive travel insurance for the duration of the voyage is compulsory. Please provide the following details: Name of insurance company: Policy No.
Preferred departure date: No. of nights: 7 14 14 Other (please specify) Accommodation requested: Double bedded 15 Sole use of double 1	Comprehensive travel insurance for the duration of the voyage is compulsory. Please provide the following details: Name of insurance company:
Preferred departure date: No. of nights: 7	Comprehensive travel insurance for the duration of the voyage is compulsory. Please provide the following details: Name of insurance company: Policy No.
Preferred departure date: No. of nights: 7 14 Other (please specify) Accommodation requested: Double bedded Sole use of double Stateroom Luxury Executive Have you any special dietary requests? Please note: most dietary requirements can be catered for (e.g.	Comprehensive travel insurance for the duration of the voyage is compulsory. Please provide the following details: Name of insurance company: Policy No. PAYMENT
Preferred departure date: No. of nights: 7 14 Other (please specify) Accommodation requested: Double bedded Sole use of double Stateroom Luxury Executive Have you any special dietary requests? Please note: most dietary requirements can be catered for (e.g. vegetarian, gluten-free, diabetic, etc.) as long as they are notified	Comprehensive travel insurance for the duration of the voyage is compulsory. Please provide the following details: Name of insurance company: Policy No. PAYMENT I enclose the sum of £ being the appropriate deposit or full fare.
Preferred departure date: No. of nights: 7 14 Other (please specify) Accommodation requested: Double bedded Sole use of double Stateroom Luxury Executive Have you any special dietary requests? Please note: most dietary requirements can be catered for (e.g.	Comprehensive travel insurance for the duration of the voyage is compulsory. Please provide the following details: Name of insurance company: Policy No. PAYMENT I enclose the sum of £

WILDWINGS

0117 9658 333

| wildwings.co.uk | thvpatricia@wildwings.co.uk |





HOW TO MAKE A BOOKING?

- 1.Decide on when you wish to travel and the duration of your voyage.
- 2.Contact WildWings who will check the cabin availability. We will hold an option on a cabin, without obligation and normally for one week.
- 3.Within this week you will need to complete the WildWings Booking Form (overleaf) and send it with the appropriate deposit (20% of the total fare) to WildWings. If the booking is made within 10 weeks before departure, the full fare will be payable
- 4. You will then be sent a Confirmation Receipt.
- 5. The balance of fare is due 10 weeks prior to departure.
- 6.Tickets will be sent out 14 days prior to sailing, providing we have received the balance of payment and signed WildWings Booking Form.

Please note: you will need to take with you on the voyage some form of photographic identity document, such as a passport or driving licence.

DECLARATION		
ARE THOSE NAMED OVERLEAF IN GOOD HEALTH?	yes No	
In connection with my voyage on board THV Patricia, detailed overleaf, I, the undersigned passenger, on behalf of all named passengers hereby acknowledge and accept that sailing schedules, itineraries (including times, duration, ports of call, route or destination) and the advertised vessel are subject to alteration, suspension or cancellation upon either short or no notice prior to or during the voyage.		
I declare I have read and understood the Trinity House Terms and Conditions for Passengers, a copy of which is enclosed herewith. In particular I understand that WildWings act merely as agents for Trinity House.		
I have also been informed that unless otherwise stated, the vessel does not carry a doctor on board and that any disability suffered by me or any named passenger must be notified to WildWings at the time of booking. I understand that since the THV Patricia does not have suitable facilities for those who require the use of mobility aids such as wheelchairs, crutches or walking frames, anybody who is in any way infirm will not be allowed to travel.		
SIGNATURE	_ DATE	

Wildwings 0117 9658 333

By ticking this box, you consent to receiving marketing material from us or Trinity House

| wildwings.co.uk | thvpatricia@wildwings.co.uk |