SLOWTRAVEL
experience

Booking Form

I/We declare the wish to book as follows: _____ Ship: _____

Travel Area / Route: _____

Port of Embarkation: _____ Port of Landing: _____

Date of Departure approximately: _____ Passanger: _____ Duration approx.: _____

Price per Passenger: _____ incl. Dev.-Ins., Harbour Dues & CO2-Offset (if applicable plus 2.5% creditcard-surcharge)

Single Cabin/s: _____ Double Cabin/s: _____

Data of the Passenger:

Family Name: _____ Given Name: _____ Date of Birth: _____

Place of Birth: _____ Sex: _____ Nationality: _____

Telephone No. during the day: _____ Fax No.: _____

Email: _____ Complete home address: _____

Passport-Number: _____ Passport issuing place: _____

Passport issuing date: _____ valid until: _____

Additional Passenger:

Family Name: _____ Given Name: _____ Date of Birth: _____

Place of Birth: _____ Sex: _____ Nationality: _____

Telephone No. during the day: _____ Fax No.: _____

Email: _____ Complete home address: _____

Passport-Number: _____ Passport issuing place: _____

Passport issuing date: _____ valid until: _____

Who should be informed in case of emergency (Name, Address, Telephone): _____

Are all persons listed on this questionaire covered by an international health insurance with repatriation benefits? Yes: _____ No: _____

How did you know about 'SLOWTRAVEL experience'? (Advertisment, Internet, Google, Friends, etc.?)

_____

The Agency 'SLOWTRAVEL experience' is not the operator, rather the agent of this travel. Therefore the Terms & Conditions of the Shipping Company is applicable. I herewith declare that
• the information given above has been stated truthfully, and that I accept the conditions of passage.
• I acknowledge that I am aware the freighter on which I will travel does not carry a ship's doctor.
• my state of health is sufficiently good to undertake a sea voyage on a cargo vessel.
• the doctor's statement is correct and complete to the best of my knowledge.
• I understand that in the event of illness, disease or injury, or for other causes, I agree to disembark from the vessel at the
  request of the Master at any port short of destination should my presence onboard be judged detrimental to the safety and
  Well-being of myself, others onboard, and/or the vessel. In such event all resulting expenses shall be for my account.
• I agree to immediately advise the carrier of any change in the status of my health condition prior to boarding.

Place / Date: _____ Signature: _____