



## 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: \_\_\_\_\_ Passenger: \_\_\_\_\_ 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 questionnaire covered by an international health insurance with repatriation benefits? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**How did you know about 'SLOWTRAVEL experience'?** (Advertisement, 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 vessel 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.
- 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: \_\_\_\_\_