



# PILGRIMAGE OF HOPE

## INDIA 2009

### TRAVEL AGENT DETAILS

The following information is required for the travel agent coordinating the 2009 Pilgrimage of Hope, India.

#### **PASSENGER DETAILS (please print)**

Full name: \_\_\_\_\_

NB: Please write your name EXACTLY as it appears on your passport and attach a coloured copy of the first page of your passport to this application.

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

#### **PASSPORT DETAILS**

Passport Number: \_\_\_\_\_ Country of Issue: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

#### **SCHOOL**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### **EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship to Passenger: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Number 24 hours prior to departure if different: \_\_\_\_\_

Do you suffer from any physical disability? YES / NO

If yes, please attach details and doctor's certificate stating fitness to travel.

Do you have any special requirements (meals etc)? \_\_\_\_\_

Frequent Flyer Programme (if applicable): \_\_\_\_\_ Number: \_\_\_\_\_

**I agree to the conditions of contract listed for this Pilgrimage.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If the passenger is under 18 a parent/guardian must sign)

**Completed form is to be faxed or posted to Flight Centre by 1 August 2008 (copy must be retained by your school):**

FLIGHT CENTRE  
Shop 3A, 108 Dangar Street  
Armidale NSW 2350  
Fax: (02) 6771 5467