**WORLD AIRLINES CLUBS ASSOCIATION**

****

**UNIVERSAL PACKAGE RESERVATION FORM**

***(One Form Per Person)***

Event name:

Name *(as in passport, please print):*

First, middle, last:

Male [ ]  Female [ ]

Nationality:

Passport No:       Country of Issue:       Place of Issue:

 Date of Issue:       Expiry Date:

 *(day/month/year) (day/month/year)*

Home address:

Tel. No.: *Country code (*   *) Area code (*     *)*      E-mail:

**Accommodation Required**

Double [ ]  *(one double bed)* twin [ ]  *(two single beds)* single supplement [ ]  *(one bed)*

Rooming partner *(if applicable):* Name *(first, last)*:

Rooming partner request *(if applicable):* male [ ]  female [ ]

Smoking room [ ]  non-smoking room [ ]

Special considerations, e.g. meals, accessibility, etc.:

Intended arrival from:       Intended departure to:

Date:       Flight No.:       Date:       Flight No.:

*(day/month/year) (day/month/year)*

**Payment**

*Refer to the event brochure for payment details.*

Member of *(Interline Club):*       Member-at-Large *(Membership No.)*

*I have read and understood the package brochure and fully understand the conditions regarding the deposit payment, final payment, cancellation fee, no show fee, etc. With my signature below, I guarantee payment and agree that transportation to and from the starting point of the package, travel insurance, legal liability(ies), etc. is my own responsibility.*

*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date (day/month/year):*

Approved by *(Interline Club President, Interline Club WACA Representative or WACA Administration Manager):*

*Name:*

*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date (day/month/year):*