

LIST OF ACCOMPANYING GROUP MEMBERS

1	Mr	Mrs	Miss	Name			Age on date of travel		
	CONTACT	Tel ()			Cell ()		E-mail		
	NATIONALITY			PASSPORT#		EXPIRY DATE			
	ROOM	DOUBLE (1 Double bed)		TWIN (2 Beds)		SINGLE (1 Double bed)		Non-smoking	Smoking
		SHARING ROOM WITH				SPECIAL FLIGHT MEALS			

2	Mr	Mrs	Miss	Name			Age on date of travel		
	CONTACT	Tel ()			Cell ()		E-mail		
	NATIONALITY			PASSPORT#		EXPIRY DATE			
	ROOM	DOUBLE (1 Double bed)		TWIN (2 Beds)		SINGLE (1 Double bed)		Non-smoking	Smoking
		SHARING ROOM WITH				SPECIAL FLIGHT MEALS			

3	Mr	Mrs	Miss	Name			Age on date of travel		
	CONTACT	Tel ()			Cell ()		E-mail		
	NATIONALITY			PASSPORT#		EXPIRY DATE			
	ROOM	DOUBLE (1 Double bed)		TWIN (2 Beds)		SINGLE (1 Double bed)		Non-smoking	Smoking
		SHARING ROOM WITH				SPECIAL FLIGHT MEALS			

4	Mr	Mrs	Miss	Name			Age on date of travel		
	CONTACT	Tel ()			Cell ()		E-mail		
	NATIONALITY			PASSPORT#		EXPIRY DATE			
	ROOM	DOUBLE (1 Double bed)		TWIN (2 Beds)		SINGLE (1 Double bed)		Non-smoking	Smoking
		SHARING ROOM WITH				SPECIAL FLIGHT MEALS			

(NOTE: Please e-mail this form before adding new members)