

WORLD AIRLINES CLUBS ASSOCIATION



WACA

Universal Package Reservation Form

(One form per person — photocopies accepted)

Event: _____

First Name(s): _____ Family Name: _____

Home Address: _____

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

Airline Employed: _____ Date of Employment: _____

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

Fax No.: Country code () Area code () _____

Accommodation Required:

smoking () non-smoking () Sharing Room with: spouse () other interliner ()
single () double () twin () triple () Name: _____

Special Requests, e.g. meals: _____

Intended Arrival From: _____ Intended Departure To: _____

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

Payment (*attach*) Money Order () or Bank Draft () Number: _____

Name of Bank: _____ Amount: _____

Nationality: _____

Passport No: _____ Country of Issue: _____ Place of Issue: _____

Member of (*Interline Club*): _____ WACA Card No: _____

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

Signature: _____ Date: _____

Approved by (*Interline Club President or the WACA Representative*): _____

Signature: _____ Date: _____