

# SKYLINK TRAVEL & TOURS LTD

(ATOL 9839)

York House, Empire Way, Wembley, Middlesex – HA9 0PA. UK

Tel: 020 8902 3007 Fax: 020 8902 3011

Email: info@skylinkworld.co.uk Website: www.skylinkworld.co.uk

Date :

## Booking Form

### Hindu Pilgrimage

(Please write in CAPITAL letters)

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

D.O. B: \_\_\_\_\_ Nationality: \_\_\_\_\_

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

Town: \_\_\_\_\_ County: \_\_\_\_\_ Post Code: \_\_\_\_\_

Tel No.: \_\_\_\_\_ Work Tel No.: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Next to Kin Name: \_\_\_\_\_ Relation \_\_\_\_\_ Contact No: \_\_\_\_\_

Yatra Interested:  Jain Pilgrimage – 15 Days  Ashtavinayak Darshan  
 Saurashtra Darshan – 13 Days  North India Temples – 22 Days  
 South India Temples – 16 Days  All India Yatra – 33 Days  
 Srilanka Ramayan Trail – 15 Days  Swaminarayan Trail – 15 Days  
 Shri Krishna Temples – 12 Days  Shri Ram Temples – 20 Days

No. Of Adults: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Domestic Flight Requirements: \_\_\_\_\_

Room Required:  Single  Twin  Double  Triple Room Type:  Non-smoking  Smoking

Meal Request:  Veg.  Jain

Passport Type:  British  Indian  Other \_\_\_\_\_

Indian Visa Require:  Yes  No

Special Requirements: \_\_\_\_\_

Document Required: 1) Copy of Passport 2) Copy of Indian Visa OR OCI 3) Copy of Travel Insurance

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

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

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## Health Questionnaire

Date :

(This form need NOT to be filled or verified by GP)

1. Diabetic :  Yes  No

If yes, more information \_\_\_\_\_  
\_\_\_\_\_

2. Blood Pressure:  Yes  No

If yes, more information \_\_\_\_\_  
\_\_\_\_\_

3. Heart Problem:  Yes  No

If yes, more information \_\_\_\_\_  
\_\_\_\_\_

4. Asthmatic:  Yes  No

If yes, more information \_\_\_\_\_  
\_\_\_\_\_

5. Arthritis:  Yes  No

If yes, more information \_\_\_\_\_  
\_\_\_\_\_

6. Knee Replacement:  Yes  No

If yes, more information \_\_\_\_\_  
\_\_\_\_\_

7. Any other health problem: \_\_\_\_\_  
\_\_\_\_\_

8. Any regular medication: \_\_\_\_\_  
\_\_\_\_\_

Disclaimer: This questionnaire is for the purpose of information only.

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

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