

K.S.M.T.K. "BOFOR"

VIGANJ 08. - 13.07. 2013.

CONTACT TEL. NUMBER _____

(in case of cancellation or change of the voyage)

TOTAL PAX	ADULTS	CHILDREN from 3 to 12 years	CHILDREN under 3 years
------------------	---------------	--	-----------------------------------

PASSENGERS

No.	Surname	Name	Gender	Citizenship	Travel document passport or ID	Document number	Date and year of birth
1.							
2.							
3.							
4.							
5.							
6.							

If more passengers - please add.

DEPARTURE - (LINE)	DATE	ACCOMMODATION (DECK, RECLINING SEAT, CABIN A2, A4, AB2, C2 etc.)
-----------------------------	-------------	---

RETURN - (LINE)	DATE	ACCOMMODATION (DECK, RECLINING SEAT, CABIN A2, A4, AB2, C2 etc.)
--------------------------	-------------	---

CAR / MOTORCYCLE

TYPE	PLATES NUMBER	LENGTH	HEIGHT
-------------	----------------------	---------------	---------------

BICYCLE

QUANTITY

OTHER VEHICLES

(TRAILERS, SLEEPING CAR ...)

TYPE	PLATES NUMBER	LENGTH	WIDTH	HEIGHT
-------------	----------------------	---------------	--------------	---------------