

Please complete all sections and return to:

**Owners' Syndicate, Skyline House, 200 Union Street, London, SE1 0LX**  
or fax to +44 207 384 5899 or scan and email to [caribbean@ownerssyndicate.com](mailto:caribbean@ownerssyndicate.com)

Please call us to discuss your requirements before completing this form  
and please take care to complete all sections clearly.

**1 PASSENGER DETAILS:** (PLEASE COMPLETE FOR ALL PASSENGERS INCLUDING INFANTS. NAMES ENTERED HERE MUST BE AS PER YOUR PASSPORT)

	Mr/Mrs/ Miss/Ms	Surname	Full First Name and Second Initial	Date of Birth	Profession	Flights Required	
						Yes	No
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							

If more than 12 people are travelling please continue details on a separate sheet and attach it to this form.

**2 ACCOMMODATION CHOICE(S):**

	Destination	Villa/Hotel Name	Start Date	End Date	No. of Nights	Meal Plan (Hotels only)
1.						
2.						

**3 SPECIAL REQUESTS:**

Unless already included, please tick if you require:

High Chair  How Many?: \_\_\_\_\_ Extra Beds  How Many?: \_\_\_\_\_ Cots  How Many?: \_\_\_\_\_

Food Hamper  Cook  Other \_\_\_\_\_

**4 FLIGHT DETAILS:** (Please indicate the dates and class you wish to travel in for each direction, or if you have made your own flight arrangements, your flight details including flight numbers and timings)

	Date	Flight No.	Departure Airport	Departure Time	Arrival Airport	Arrival Time	Class
Outbound							
Return							

**5 CAR HIRE:** (see pages 12-13)

Type: \_\_\_\_\_ Duration: \_\_\_\_\_ How Many Cars?: \_\_\_\_\_

Start Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

\*Baby/Child Seats Yes  No  Notes: \_\_\_\_\_

\* Subject to availability Property: \_\_\_\_\_

