



Tel: 091376600 Email: info@atlanticskyteam.ie

BOOKING FORM

(Please complete in BLOCK CAPITAL LETTERS, ensuring that you fill in all sections).

Personal Details

Title: _____ Surname: _____ First name(s): _____
Address: _____
Email: _____ Tel/ Mobile: _____
Sex: _____ Date of Birth: _____ Place of birth: _____
Current Nationality: _____ Previous Nationality: _____
Passport No: _____ Passport Expiry Date: _____
Name of Mahram: _____ Relationship to Mahram: _____
Have you performed Umrah Yes No or Hajj Yes No in the last five years?

Hajj Section ONLY (Please select one of the below packages)

Economy Package Deluxe Package

**Deposit is required per person (Dates are approximate and are subject to airline confirmation).*

Important Notice

According to the regulations of the Ministry of Hajj in Saudi Arabia, a person is allowed to perform Hajj once every five years. However, repeating Hajj is allowed each year at an extra charge of 2000RS. Also please note that our office requires passports for a minimum of one month prior to Hajj departure.

Medical Information

Please state any medical conditions that you may have. Kindly note that it is your responsibility to provide this information to us prior to departure date.

Application Checklist (Registration cannot be confirmed without fulfilling the below requirements)

Deposit Copy of Passport Two passport-size photos
Proof of Address Work/ Student Letter Copy of Garda Card for non-EU
Copy of marriage/ Birth Cert ACWY Meningitis Vaccination Completed Visa & Booking form

Declaration & Signature

I confirm that the information given on this form is true & to the best of my knowledge.

I have read and accepted Atlantic Sky Team Tours Terms & Conditions (Please tick).

Signature: _____

Date: _____