

FLIGHT BOOKING REQUEST FORM v1



Today's Date: _____

Organisation: _____

Contact info for this booking request:

Name: _____

Mobile: _____

Email: _____

Flight Request: **Date of Flight:** _____ **Type of Flight:** Shuttle Charter

For Charter Flights: *Departure Time:* _____ *Return Departure Time:* _____

Charter Route: _____

Passenger Information

	Name	Title	Body Weight (kgs)	From	To
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

(Additional passengers can be added on page 2)

Luggage Information

Standard luggage allowance is a maximum 20 kg per person (includes personal items)

Additional luggage weight requested (enter total above standard allowance) __Kg

Purpose of Flight *(Relates to purpose for which one is travelling)*

- | | | | | |
|--|--|--|---|-------------------------------------|
| <input type="checkbox"/> Disaster response | <input type="checkbox"/> Medevac | <input type="checkbox"/> Outreach | <input type="checkbox"/> Christian Ministry | <input type="checkbox"/> Health |
| <input type="checkbox"/> Education | <input type="checkbox"/> Aerial Assessment | <input type="checkbox"/> Commercial Business | <input type="checkbox"/> Environmentalism | <input type="checkbox"/> Livelihood |
| <input type="checkbox"/> Water & Sanitation | <input type="checkbox"/> Food Security | <input type="checkbox"/> Equality | <input type="checkbox"/> Clean Energy | <input type="checkbox"/> Covid-19 |
| <input type="checkbox"/> Christian Leadership Training | | <input type="checkbox"/> Tourism | <input type="checkbox"/> Other: <i>(please specify)</i> | |

Passenger *(check all that apply)*

- | | | | | |
|---|--|--|---------------------------------------|---|
| <input type="checkbox"/> Community Worker | <input type="checkbox"/> Government worker | <input type="checkbox"/> Patient | <input type="checkbox"/> School staff | <input type="checkbox"/> Student |
| <input type="checkbox"/> Development worker | <input type="checkbox"/> Christian leader | <input type="checkbox"/> Patient relative | <input type="checkbox"/> Missionary | <input type="checkbox"/> Businessperson |
| <input type="checkbox"/> Environmental worker | <input type="checkbox"/> Health worker | <input type="checkbox"/> Other <i>(Please specify)</i> | | |

Freight *(Check all that apply)*

- | | | | | |
|--|--|--------------------------------|---|---|
| <input type="checkbox"/> Medicines & vaccines | <input type="checkbox"/> Medical Equipment | <input type="checkbox"/> Food | <input type="checkbox"/> Education Supplies | <input type="checkbox"/> Animals |
| <input type="checkbox"/> Building material | <input type="checkbox"/> Christian resources | <input type="checkbox"/> Tools | <input type="checkbox"/> Commercial goods | <input type="checkbox"/> Covid-19 Vaccine |
| <input type="checkbox"/> Renewable energy Technology | <input type="checkbox"/> Other <i>(Please specify)</i> | | | |

Passenger Information (continued)

	Name	Title	Body Weight (kgs)	From	To
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					