



HAJJ PACKAGE REGISTRATION FORM

Full Name (As per passport):				
Date of Birth:	Place of Birth:	Place of Birth:		
Sex: Marital Status:	Belt Size in CM (I	Belt Size in CM (Men Only)		
Nationality:				
Passport No: Place of l	ssue: Date of Iss	sue:	Expiry Date:	
Home Address and Telephone No:				
Business Address and Telephone No: (i	f any)			
Mobile Telephone No:	Email Address:			
Medical History (If any):]	Blood Type:	
IN CASE OF EMERGENCY, PLEASE	CONTACT:			
Full Name :	Relationship:			
Full Address and Telephone No:				
Name of Family/Friend Accompanying	you:			
I hereby declare that I am a Muslim and do not bel declare that I am in good health to perform Hajj. I a to any mishap or unforeseen circumstances beyond t has been so advised.	ılso hereby absolve Flightstar Travel & To	ours and their ag	gents from any responsibility in the event	
Whilst every effort and care is taken, Flightstar Trav	el & Tours reserves the right to make cha	enges to the packe	age if necessarywithout prior notice.	
I have read and understood the Terms and Conditi deposits as stated and agree to pay the balance as a	ons of the Hajj pakcages in the website: greed.	: www.flightstarti	t.com.au and accept them. I enclose my	
Signature:	Da	te:		
Please tick your choice of package: 30-day	Hilton Package 30-day Makk	kah Towers	16-day Short Package	
Please tick room accommodation: Twin Ro	oom Triple Room	1	Quad Room	

DEPOSIT and FINAL PAYMENT Payable To: FLIGHTSTAR TRAVEL & TOURS

> **Bank: Commonwealth Bank** BSB No: 064-170

Account No: 10489413

Payments by Credit Cards will incur 2.5% fee. Price subject to changes in the event of increases in airport taxes, fuel and other surcharges. Seats available on a 'FIRST COME, FIRST SERVED" basis. Deposit of 50% of the package price required upon booking.