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**56th Annual General Assembly: The 2025 Interline Celebration**

**St. Julian’s, Malta, 1–5 October 2025**

**Registration Form**

*All sections of this form* ***must*** *be completed (one form per person)*

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| Name *(as in passport, please print)* First:       Last:       |
| Nationality:       | Gender: Male [ ]  Female [ ]  |
| Passport No:       | Passport Expiry Date *(day/month/year):*      |
| Are you a member of a WACA Club? Yes [ ]  No [ ] . Are you a WACA Member-at-Large? Yes [ ]  No [ ] Are you a travel companion? Yes [ ]  *(can only attend with a WACA Club member or with a WACA Member-at-Large).* |
| Will you be attending the Assembly as your Club’s delegate? Yes [ ]  No [ ]  |
| Will you be attending a pre-AGA tour and/or a post-AGA tour? Yes [ ]  No [ ] If yes, please specify which tour(s):     *Note: A separate registration form(s) must be completed for your pre-AGA tour and/or your post-AGA tour.* |
| Telephone. No.:Country code (     ) Area code (     )       | E-mail address *(please print):*      |
| **Accommodation Required**Double [ ]  *(one bed for two people)* Twin [ ]  *(two beds for two people)* Single [ ]  *(one bed for one person).**Note: the hotel will be requested to provide all non-smoking rooms. If a smoking room is required please indicate [ ]* Your rooming partner will be *(if applicable):* First name       Last name      Would you like WACA to try and find you a rooming partner? Yes [ ]  No [ ] . If yes, a male [ ]  or female [ ]  |
| **Special Requirements**Please specify any allergies, meal restrictions *(vegetarian, no pork, no beef, etc.),* mobility limitations:      |
| Intended flight arrival from:      Date *(day/month/year):*       Flight No.      I will advise at a later date [ ]  | Intended flight departure to:      Date *(day/month/year):*       Flight No.      I will advise at a later date [ ]  |
| **Conditions**This is my reservation request for the above package. I have read and understood the package brochure including the conditions regarding payment and cancellation policies, etc. With my signature below I guarantee payment. I also agree that commencing from the starting point of the package (Malta International Airport) until conclusion of the package (Malta International Airport), travel insurance and all legal liability(ies) are entirely my responsibility. The World Airlines Clubs Association shall not be liable for any personal injury, loss, damage, delay, accident, changes to the programme or any other irregularity which may occur during the event.*Participants* ***must*** *accept the conditions above and agree not to take any legal action against the World Airlines Clubs Association or any of the suppliers of services related to the event.**Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date (day/month/year):*      ***Club member, or travel companion of the Club member****,* submit the completed registration form to your Club’s President or WACA Representative for approval.Approved as a member, or the travel companion of a member, of the *(Club name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Name and signature of the Club President or WACA Representative:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date (day/month/year):*      ***Member-at-Large, or travel companion of the Member-at-Large*,** scan and return the completed Registration Form to Mr. Keith Miller: wacaworld@outlook.com. Alternatively, complete and return by post to: World Airlines Clubs Association, c/o Mr. Keith Miller, 644 Westwood Avenue, Dorval, Quebec, Canada H9P 2M5. |