SKYPASS Family Mileage Pooling Plan / Bonus Award Redemption Form

Application

- The applicant must complete and submit this form along with photocopies of each family member's passport (picture and signature section) or driver's license to the SKYPASS Service Center.
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1. Family Mileage Pooling Plan Registration

Applicant Name		SKYPASS No.	SKYPASS No.								
Family Member Information											
Last Name/First Name	SKYPASS Number	Relationship	Signature								

Family Registration must be enrolled prior to award requests through Family Plan. To enroll in the Family Registration, photocopies of government issued family register as a supporting document must be submitted along with this form.

A maximum of five (5) family members (Grandparents, parents, spouse, children, and grandchildren in father's side) including the applicant may combine miles together.

Above signed family members' miles will be combined for following bonus award redemption.

2. SKYPASS Bonus Award Redemption Form

Applicant Name										
SKYPASS No.	Telephone No:									
I. Passenger Inform	nation									
Passenger 1	Relation :			Passenger 2			Relation :			
Passenger 3	Relation :			Passenger 4			Relation :			
II. Bonus Award										
Bonus Ticket	Roundtrip One-Way Extension			Upgra	ade	Ro	undtrip	One-Way		
Class (Y/C/F/P)				Class (Fro	om/To)	From	Class			
No. of Ticket				Fare 1	уре	Fare Basis:				
Season	High Season Low Season				Reservat	on No				
III. Mileage Rede	mption D	etail								
	Redemption Mileage for each member									
Total Mileage deduction:	La	Last Name/First Name			SKYPASS Number			Miles to Redeem		
Miles										
hereby acknowledge and agree to take full responsi									ve. Furthermore	
pplicant's Signature:					Date:					
For Office Use Only	Auth	norization No).			Т	icket No.			
SKYPASS Service Cente	r: 1813 W	'ilshire Blvd.	4th Floc	or, Los Angele	es, CA 90057	Tel* 800-43	38-5000 F	ax: 213-484-5	790	

