

# JOIN THE LOYAL CUSTOMER PROGRAM FLY MORE YOUTH

\_\_\_\_\_  
\* First name, family name

\_\_\_\_\_  
\* Date of birth (day/ month/ year)

\_\_\_\_\_  
\* Mobile phone

\_\_\_\_\_  
\* E-mail

\_\_\_\_\_  
\* Ticket number

**PREFERRED LANGUAGE:**     Bulgarian     English

## FOR FAMILY MEMBERS, FRIENDS:

1. \_\_\_\_\_  
First name, family name

**The relationship with the passenger:**     parent     sibling     friend     relative

2. \_\_\_\_\_  
First name, family name

**The relationship with the passenger:**     parent     sibling     friend     relative

3. \_\_\_\_\_  
First name, family name

**The relationship with the passenger:**     parent     sibling     friend     relative

4. \_\_\_\_\_  
First name, family name

**The relationship with the passenger:**     parent     sibling     friend     relative

*Fields with \* are required*



FLY  
GOOD

FEEL  
GOOD