



SPECIAL SERVICES REQUEST FORM - PLEASE PRINT. PLEASE COMPLETE IN FULL- *MANDATORY INFORMATION
For detailed information on airline policies and procedures please visit the airline's website

*PASSENGER NAME: _____ *BOOKING NUMBER: _____

*TRAVEL DATES: _____ *TELEPHONE NUMBER: _____

*EMAIL if applicable - Print: _____

*DESCRIPTION OF MEDICAL CONDITION: _____

If the below requests are not applicable to your medical condition, kindly email specialservices@sunwing.ca with your medical description and details of your request.

POC Supplementary Oxygen (Additional cost) Please note additional forms will be sent for POC and Oxygen requests.

Allergy(s): _____ Is the allergy airborne? YES NO

OBESE PASSENGERS:

If you are a person who is unable to sit in the aircraft seat without raising the armrest, we would like to hear from you.

Do you require the use of an additional seat? (Additional cost) YES NO

Do you require the use of an additional seat belt? YES NO

If we are not informed in advance we will not be able to accommodate you at the time of check-in.

SERVICES REQUESTED FOR THE AIRPORT:

Airport assistance – please specify Meet and Assist Briefing Wheelchair at the airport

Is the passenger able to walk up/down stairs? (30 steps or more) YES NO

Does the passenger require the assistance of Sunwing personnel to be carried to/from their seat? YES NO

Is the passenger traveling with their mobility aid? YES NO

If YES, please specify: Manual Electric Electric Scooter Walker

Please provide us with the dimensions and weight of the wheelchair/scooter (must be no larger than 48" width x 31" height):

If the wheelchair is electric please specify the type of battery (wet cell not accepted): _____

Please note that any mobility item may be required to be tilted or placed on its side.

Local government regulations at some Sunwing destinations may not permit your mobility item to be brought to the jet-bridge and it may be returned to you in the terminal instead. If this is the case, alternate assistance will be provided to you that will enable you to reach the terminal area.

GROUND REQUESTS (TRANSFERS & HOTEL): Requests not seen below are considered as preferences, please contact the Sale/Reservation Centre for assistance.

Does the passenger require: Wheelchair Accessible Room Handicap Accessible Room Ground Floor Room
Accessible Shower Centrally Located Room Room Close to Elevator

If the above request is not able to be confirmed, will the passenger accept a regular room? YES NO

Will the passenger require a separate transfer in destination? (Additional cost) YES NO

Once completed please fax to 416-798-8550 or email to specialservices@sunwing.ca at least 2 business days prior to departure. Special Services hours are Monday to Friday 8am to 6pm EST.

Passenger Signature _____ Date _____