

DIVO FAB TRAVEL



Travel Client Information Sheet

Client Full Name:

Date of Birth:

Home Address:

Phone Number:

Email Address:

Emergency Contact Name & Phone:



Passport Information

- **Passport Number:** _____
- **Country of Issue:** _____
- **Issue Date:** _____
- **Expiration Date:** _____



Frequent Flyer Programs

Airline	Program Name	Membership Number
Delta Airlines	SkyMiles	_____
American Airlines	AAdvantage	_____
Other: _____	_____	_____



Travel Preferences

- **Preferred Airline:** _____
- **Preferred Hotel Chain:** _____
- **Seat Preference:** ☐ Window ☐ Aisle ☐ No Preference
- **Meal Preference:** ☐ Vegetarian ☐ Kosher ☐ Gluten-Free ☐ Other: _____



Notes / Special Requests