



# Travel Booking Form

## First Passenger

Name: (as it appears on gov't issued ID):

\_\_\_\_\_

First Middle Last

Sex: MALE \_\_\_ FEMALE \_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_) \_\_\_-\_\_\_ Email address: \_\_\_\_\_

## Second Passenger

Name: (as it appears on gov't issued ID):

\_\_\_\_\_

First Middle Last

Sex: MALE \_\_\_ FEMALE \_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_) \_\_\_-\_\_\_ Email address: \_\_\_\_\_

## Additional Passengers (if necessary)

Name: (as it appears on gov't issued ID):

\_\_\_\_\_

First Middle Last

Sex: MALE \_\_\_ FEMALE \_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_) \_\_\_-\_\_\_ Email address: \_\_\_\_\_

Name: (as it appears on gov't issued ID):

\_\_\_\_\_

First Middle Last

Sex: MALE \_\_\_ FEMALE \_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_) \_\_\_-\_\_\_ Email address: \_\_\_\_\_

Trip type: Cruise, all-inclusive resort, hotel only, hotel and air, car rental, air only

Travel dates: \_\_\_\_\_

Special requests:

**All-inclusive package:** resort view ocean view, oceanfront; standard room, suite

**Cruises:** interior, ocean view, balcony, suite

**Hotel:** standard room, one bedroom, two bedrooms

- Bedding: 1 King/Queen bed, two double/queen beds

**Flights:** frequent flyer information: \_\_\_\_\_

Referred by: \_\_\_\_\_

**Would you like Travel Insurance:** Yes\_\_\_ No\_\_\_ (must check one)

**Disclaimer:**

DaVTravel (DaVon Clack) will not be responsible for any accidents involving bodily injury or death, property damage, charges of libel, slander, arrest, detention or imprisonment incurred while traveling during an event sponsored and/or booked by DaVTravel. By signing this form in, you agree to not hold DaVTravel responsible for any errors or omissions relating to this event.

**PRICING:** (fill in once you have pricing information)

**Total package price:** \_\_\_\_\_

**Final Payment Due:** \_\_\_\_\_

**Deposit required:** \_\_\_\_\_

**Deposit Due:** \_\_\_\_\_

CREDIT CARD INFORMATION

I authorize DaVTravel and/or \_\_\_\_\_ (vendor name) to charge my credit card for the amount as indicated on this form.

Credit Card Number \_\_\_\_\_ Exp date: \_\_\_/\_\_\_ CCV # \_\_\_\_\_

Billing Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ Email address: \_\_\_\_\_

Cardholder's Name: (as it appears on card)

\_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*Do not fill in credit card number if you are emailing the form. I will call you and get the credit card number once I receive the completed form from you\*\*\*\*