BOOKING INFORMATION

	GER NO. 1	
Full Name (as it appears in your ID):	Date o	of Birth: Age:
Address (Street/City/State/Zip):	,	
Phone Number:	Email Address:	
Loyalty Programs:	Loyalty No. 1:	Loyalty No. 2:
Passport (Name as it appears):	Passport No.:	Issued date/Expiry date:
	T GGG POTE THE STATE OF THE STA	issued date, Exp.i.y dates.
Emergency Contact:	Phone No.:	Alt. Contact No.:
Preferred Room Type & Beds (Single/Double-King/Queer	n): No. of Gue	st in Rooms: Additional Request:
(emgle, pearson mg/ ease	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Any restrictions or diet needs that we need to know:		
Any restrictions of diet fleeds that we fleed to know.		
PASSEN	GER NO. 2	
Full Name (as it appears in your ID):	Date o	of Birth: Age:
Address (Street/City/State/Zip):		
Phone Number:		
	Email Address:	
	Email Address:	
Loyalty Programs:		Loyalty No. 2:
Loyalty Programs:	Email Address: Loyalty No. 1:	Loyalty No. 2:
	Loyalty No. 1:	
Loyalty Programs: Passport (Name as it appears):		Loyalty No. 2: Issued date/Expiry date:
Passport (Name as it appears):	Loyalty No. 1: Passport No.:	Issued date/Expiry date:
	Loyalty No. 1:	
Passport (Name as it appears): Emergency Contact:	Loyalty No. 1: Passport No.: Phone No.:	Issued date/Expiry date: Alt. Contact No.:
Passport (Name as it appears):	Loyalty No. 1: Passport No.: Phone No.:	Issued date/Expiry date:
Passport (Name as it appears): Emergency Contact: Preferred Room Type & Beds (Single/Double-King/Queel	Loyalty No. 1: Passport No.: Phone No.:	Issued date/Expiry date: Alt. Contact No.:
Passport (Name as it appears): Emergency Contact:	Loyalty No. 1: Passport No.: Phone No.:	Issued date/Expiry date: Alt. Contact No.: