

BOOKING INFORMATION

S PASSENG	ER NO.	1			
Full Name (as it appears in your ID):		Date of Birth:		Age:	
Address (Street/City/State/Zip):					
Phone Number:	Email Address:				
		<u> </u>			
Loyalty Programs:	Loyalty No. 1:		Loyalty No. 2:		
Passport (Name as it appears):	Passport No.:		Issued date/Expiry date:		
Emergency Contact:	Phone No.:		Alt. Contact No.:		
Preferred Room Type & Beds (Single/Double-King/Queen):	No	o. of Guest in Ro	oms: Ac	Iditional Request:	
Any restrictions or diet needs that we need to know:					
PASSENG	ED NO	2			
	EK NO.	Date of Birth:		A	
Full Name (as it appears in your ID):		Date of Birth.		Age:	
Address (Street/City/State/Zip):		J (J [
Address (Street/City/State/Zip):					
Phone Number:	Email Address:				
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Passport (Name as it appears):	Passport No.:	DOLL NO.:		Issued date/Expiry date:	
Emergency Contact:	Phone No.:		Alt. Contact No.:		
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Preferred Room Type & Beds (Single/Double-King/Queen):	No.	o. of Guest in Roo	oms: Ac	lditional Request:	
Any restrictions or diet needs that we need to know:					



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Phone Number:	Email Address	 S:				
Loyalty Programs:	Lovaltv No. 1:	Loyalty No. 1:		Loyalty No. 2:		
Passport (Name as it appears):	Passport No.:	Passport No.:		Issued date/Expiry date:		
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Emergency Contact:	Phone No:	Phone No.:		Alt. Contact No.:		
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Preferred Room Type & Beds (Single/Double-King/Queen)): No	o. of Guest in Ro	oms: A	dditional Request:		
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Any restrictions or diet needs that we need to know:						
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PASSEN	GER NO.					
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Address (Street/City/State/Zip):						
Phone Number:	Email Address	Email Address:				
Loyalty Programs:	Loyalty No. 1:	Loyalty No. 1:		Loyalty No. 2:		
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Preferred Room Type & Beds (Single/Double-King/Queen) Any restrictions or diet needs that we need to know:): No	o. of Guest in Ro	ooms: Ac	dditional Request:		
): No	o. of Guest in Ro	ooms: Ad	dditional Request:		