



Booking Form

Travel Information

Traveler #1

First Name Last Name

Date of Birth

Month Day Year

E-mail

example@example.com

Phone Number

Please enter a valid phone number.

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code Country

Traveler #2

First Name

Last Name

Date of Birth

Month Day Year

E-mail

example@example.com

Phone Number

Please enter a valid phone number.

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Travel Date

Month Day Year

Destination

Realistic Budget \$

From which airport would you like to leave from?

Write in which airport

Type of Trip

- | | |
|-----------|-----------------|
| Honeymoon | Getaway |
| Business | Family Vacation |
| Cruise | Other |

Other Services Needed

- | | |
|------------------|------------------------|
| Flights Only | Rental Car |
| Hotel/Resorts | Entertainment |
| Travel Insurance | Gratuities (if needed) |
| Passport/Real ID | Other |

Terms & Conditions

By signing this document you agree that all the information provided is accurate and you give Vacations By CB permission to book your vacations.

Vacations By CB may require a service fee on larger group bookings, and will discuss this with client booking the trip.

By signing this form, you have authorized Vacations By CBI to charge your credit card. The credit card payment is taken over the phone between the client and Vacations By CB-Owner; Carrie Bryer. Client's credit card information is not stored in agency's system, and paid directly to supplier of that booking.

Vacations By CB, will discuss this process with client.

Your Name

First Name Last Name

Date

Month Day Year