



Client Information Form

TRANSPORTATION NEEDS AIR/CAR/RAIL/TRANSFERS

Do you need airfare? Y/N What is your departure city?

What class of air service do you want to fly??

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Please list any loyalty cards (Airline or hotel) and their numbers.

Are you a **AAA Member?** Y / N Number _____

Please list the Names and Dates of Birth for all travelers (**exactly as on Passport/ID**)

	FULL NAME (FIRST/MIDDLE/LAST)	D.O.B (MM/DD/YY)
1		
2		
3		
4		
5		
6		

TRAVEL INSURANCE

Travel insurance is recommended and it must be purchased at the time of the initial deposit.

Yes, please send me information for travel insurance for my trip.

No, I do not want to purchase travel insurance and I understand that I may not be entitled to a refund or be reimbursed for any expenses incurred due to trip interruption or cancellation.

Please indicate a total trip budget range _____