



Wide Horizons Travel

Traveler information

(Please complete one form for each traveler)

Name **(as listed on your passport)**

Address _____

City, State ZIP _____

Email _____

Phone number while traveling _____

Preferred Phone for trip planning _____

City/County/State of birth: _____

Date of birth _____

Citizenship _____

Passport # _____

Place of issue _____

Issue date _____ Expiration Date _____

Affinity Clubs (i.e. Delta Sky Miles, Marriott Rewards, etc:

Company Account # Use this account when possible

AIR

HOTEL

CAR RENTAL

TRAVEL PREFERENCES:

Flights:

___ Aisle ___ Window

___ Econ ___ Premium Econ ___ 1st

Preferred departure time:

___ AM ___ MIDDAY ___ EVE

___ Nonstop ___ One Stop ___ Anything

___ OK to book red-eye?

Hotels:

___ smoking ___ non smoking

Vehicle:

___ standard ___ auto

Preferred size/make: _____

CREDIT CARD INFORMATION

Name on Card _____

Type of Card _____

Card Number _____

Expiration date _____ CVV _____

Billing Zip Code _____

I authorize Wide Horizons Travel LLC to use the above credit/debit card for the travel components I have agreed in writing to be arranged by Wide Horizons Travel LLC.

PRINT Name: _____

Signature: _____

Date: _____

OTHER:

Dietary restrictions or preferences? _____

Allergies? _____

Is there anything else I should know to make your travel experience great?

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: (someone NOT traveling with you):

NAME of Emergency Contact: _____ relationship _____

HOME PHONE: _____

CELL PHONE: _____