

# Reservation Form



## File form checklist - check off below as forms are added to Client file

Credit Card Authorization

Travel Protection Waiver

Confirmation from vendor

Report Sale

Accounting Tools Invoice Number

Documents sent to client

Thank You Letter

Welcome Home Letter

## Client(s) Information

Full Legal Name (First, Middle, Last)

Full Legal Name (First, Middle, Last)

Date of Birth

Date of Birth

Street address

Street address line 2

City

State

Zip code

E-mail address

Phone Number

Travel Dates

Destination

Preferred Cruise Line or Resort

Airport  
Transfers?

Travel  
Protection?

Yes

Yes

No

\*No

Flights Needed?

*\*Need signed waiver*

Yes

No

If yes, from what city?

Special Requests (Cabin Type, Room Type, Location, etc.)

Budget

Celebrating a Special Occasion

Medical or Allergy Information

Emergency Contact Person

Phone Number

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Additional Information

Deposit Amount

Date Due

Final Payment Amount

Date Due

Vendor

Confirmation #

Commission

Passport Information

Passenger 1

Passenger 2

Passport Number

Passport Number

Issue Date

Issue Date

Expiration Date

Expiration Date