Ramblin with Rick
ramblinwithrick.com

TRAVEL INQUIRY *form*

Date Completed:

Name: Email: Phone:

Address:

Vacation Budget: Insurance: ◯ Yes ◯ No *(if no, obtain signed waiver)*

Number of Adults: Number of Children & Ages:

Dates of Travel: Flexible: ◯ Yes ◯ No Destination:

AIR TRAVEL

Departure City: Airline Preference: *(Frequent Flyer Programs):*

Seat Preference: ◯ Business Class ◯ Premium ◯ Economy ◯ First Class
◯ Aisle ◯ Middle ◯ Window ◯ Bulkhead ◯ Forward ◯ Wing

CRUISE VACATION

Cruise Preference: *(Frequent Cruiser Programs):*

Cabin Itinerary: Cruise Length:

Pre and Post Cruise Nights: ◯ Yes ◯ No Cabin Class:

Beverage Plan: ◯ Yes ◯ No Beverage Plan Type:

HOTEL & RESORT VACATION

No. of Nights: No. of Rooms/ Arrangement:

Hotel Preferences *(Frequent Guest Programs):*

Room: ◯ Standard Room ◯ Garden View ◯ Ocean View/Front ◯ Other:

Features: ◯ All Inclusive ◯ Adults Only ◯ Family Friendly ◯ Concierge Level:
◯ Suite/Jnr Suite ◯ On The Beach ◯ Near City Centre ◯ Kids Club
◯ Near Air/ Cruise Port ◯ Luxury Resort ◯ Activities On-Site ◯ Standard View ◯ Ocean View

CAR RENTAL

Car Preferences *(Frequent Renter Programs):* Add Ons:

Car Category: ◯ Compact ◯ Mid Size ◯ Full Size ◯ Luxury ◯ Other:

PACKAGE TOUR

Country or Countries of Interest: ◯ Escorted ◯ Independent Activity Level:

OTHER INFORMATION

What hotels have you stayed in and enjoyed?

What cruise lines have you enjoyed before, if any?

What activities do you enjoy when traveling?

NOTES

BOOKING INFORMATION

PASSENGER NO. 1

Full Name (as it appears in your ID):

Date of Birth:

Age:

Address (Street/City/State/Zip):

Phone Number:

Email Address:

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. of Guest in Rooms:

Additional Request:

Any restrictions or diet needs that we need to know:

PASSENGER NO. 2

Full Name (as it appears in your ID):

Date of Birth:

Age:

Address (Street/City/State/Zip):

Phone Number:

Email Address:

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. of Guest in Rooms:

Additional Request:

Any restrictions or diet needs that we need to know:

BOOKING INFORMATION

PASSENGER NO. 3

Full Name (as it appears in your ID)**:**

Date of Birth:

Age:

Address (Street/City/State/Zip)**:**

Phone Number:

Email Address:

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. of Guest in Rooms:

Additional Request:

Any restrictions or diet needs that we need to know:

PASSENGER NO. 4

Full Name (as it appears in your ID)**:**

Date of Birth:

Age:

Address (Street/City/State/Zip)**:**

Phone Number:

Email Address:

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. of Guest in Rooms:

Additional Request:

Any restrictions or diet needs that we need to know:

BOOKING INFORMATION

PASSENGER NO. 5

Full Name (as it appears in your ID)**:**

Date of Birth:

Age:

Address (Street/City/State/Zip)**:**

Phone Number:

Email Address:

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. of Guest in Rooms:

Additional Request:

Any restrictions or diet needs that we need to know:

PASSENGER NO. 6

Full Name (as it appears in your ID)**:**

Date of Birth:

Age:

Address (Street/City/State/Zip)**:**

Phone Number:

Email Address:

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. of Guest in Rooms:

Additional Request:

Any restrictions or diet needs that we need to know:

CREDIT CARD AUTHORIZATION

TRAVEL INFORMATION & AUTHORIZATION

I, _____, authorize [Your Name/Travel Business Company] and/or the travel supplier to charge my credits cards for the agreed upon amount stated in the accepted proposal for the following travel arrangements:

DESTINATION: _____ BOOKING NO.: _____

MAIN PASSENGER NAME: _____ TRAVEL DATE: _____

CARDHOLDER INFORMATION

CARD HOLDER FULL NAME: _____

CHECK ONE: ○ VISA ○ M/C ○ AMEX ○ DISCOVER CARD NUMBERLAST 4 NUMBERS ONLY: _____

PWe will call you for the entire Credit Card Data

SIGNATURE: DATE:

BILLING INFORMATION

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TRAVEL INSURANCE

TRAVEL PURCHASE AUTHORIZATION For Non-Website Purchases. Thank you for your purchase, I am pleased to confirm the following travel arrangements. To complete your transaction and confirm your arrangements, your signature on this authorization is required. Charges are payable ONLY to the hotel, resort, tour operator, cruise line, other travel supplier, and/or independent Travel Advisor for specified booking fees (if applicable).

TRAVEL INSURANCE WAIVER For your protection, Travel Insurance is strongly recommended and available upon request. You can enroll for travel protection for Medical Expenses, Baggage Delays/Losses, trip Delay or Cancellation, and other coverage, or I can arrange coverage for you based on your needs.

TO DECLINE RECOMMENDED TRAVEL INSURANCE YOUR SIGNATURE ON THIS INSURANCE WAIVER IS REQUIRED. Final Travel Documents (tickets, vouchers, etc.) cannot be sent to you before receipt of the signed insurance waiver.

PLEASE SIGN ON THE LINE THAT IS APPLICABLE (ONLY ONE).

I have **ACCEPTED** and authorized the travel purchases above, including travel insurance, and I am aware the insurance premium is not refundable.

CARD HOLDER SIGNATURE: _____ DATE: _____

I have **ACCEPTED** and authorized the travel purchases above, and I understand that by signing below, I am **DECLINING TRAVEL INSURANCE**. I have read and understand all cancellation charges and change fees related to the above travel arrangements, and that I may not be entitled to a full refund should my travel plans change. In case of cancellation of nonrefundable airline tickets or other arrangements, I agree to pay all applicable penalties according to the travel supplier's rules.

CARD HOLDER SIGNATURE: _____ DATE: _____