

Booking Form

Please provide the following information so that we may book and confirm your vacation. All information will be kept confidential and will only be used to book and confirm services which require such information. Please list names exactly as they appear on your passports. If you have not applied for a passport at this time please list your names as they will appear. **This is extremely important and may cause delays or penalties if not listed correctly.**

Traveler 1:

Name: _____

Passport Number: _____

Date of Birth: _____

Special Requests or conditions: _____
_____**Traveler 2:**

Name: _____

Passport Number: _____

Date of Birth: _____

Special requests or conditions: _____
_____**Traveler 3:**

Name: _____

Passport Number: _____

Date of Birth: _____

Special Requests or conditions: _____
_____**Traveler 4:**

Name: _____

Passport Number: _____

Date of Birth: _____

Special requests or conditions: _____
_____**Mailing Address:** _____

City: _____, State: _____ Zip Code: _____

Phone: Day Time () _____

Evening () _____

Form of Payment: (please circle one)**Check or Credit Card Visa/MasterCard/American Express**

Card Number: _____ Exp: _____

3-4 digit verification number: _____

Is the billing address the same as your mailing address? Yes No

Email Address: _____**Requested Travel Dates:** _____**Requested Tour:** _____**Preferred Departure City:** _____**Airline Seat Request (if applicable)** _____**Accommodation Preferences:** (please circle and indicate total number required)

*Smoking or Non Smoking

*Double Room Twin Room Triple Room Single Room

Please list any and all special requests or conditions such as allergies, disabilities, or illnesses that may affect your travel experience.

**RUNIC
TRAVELS**