

TravelLynn Tours Client Information

Destination
Date

Contact
Email

Lynn Kyle 252-469-9038
travelynntours@gmail.com

Traveler Information	Please completely fill out form here
Name (You Use Every day)	
Legal Name (As On Passport)	
Date of Birth	
Mailing Address	
City, State, Zip	
E-Mail	
Cell Number	
Passport Number	
Passport Expiration Date	
Emergency Contact (Not traveling with you)	Name_____ Phone_____
Traveled out of US before?	YES NO Flown Before? YES NO
Health Issues (Diabetic, etc)	
Medications (Only those taken while traveling or critical to have)	
Food Allergies or Preferences	
Tendency to get carsick?	YES_____ NO_____ Must sit in the front (car/bus) _____
Does Health Ins. cover travel abroad? (Please verify with company)	Yes_____ No_____ Not Sure but I will verify_____
Airline Loyalty Preference	American_____ Delta_____ Other_____
Airline Loyalty Number	
Airline Seat Preference	Aisle_____ Middle_____ Window_____ Exit Row_____
Are you on Facebook?	Yes_____ No_____ Profile Name_____
Traveler Information	Please completely fill out form here
Who are you rooming with?	

Are separate beds a requirement?	Yes___ No___ Special Requests?_____
Are you celebrating a special occasion on the trip? Date?	Birthday_____ Anniversary_____ Other_____
Beverage Preferences	___Prosecco ___White ___Red ___Beer ___Coffee _____Other options _____I do not drink alcohol
I realize trip is non-refundable	Sign _____
Trip Cancellation Insurance	_____ I will get on my own _____ I decline travel insurance _____ I will get through Travelynn Tours with Allianz
Will you be arriving before or extending the trip? Dates and details	
Credit Card Information For airline tickets or trip insurance. If you pay Travelynn Tours for Land & Tour portion on credit/debit card, there is a 3% convenience fee.	Name on Card_____
	Number_____
	Exp. Date_____ Security Code_____
	Billing Address with Zip Code_____

For Office Use Only, Do Not Fill In	
Airline & Record Locator Number	
Cost of Airline Ticket	Incl. Airline Insurance _____
Cost of Land Portion	
Cost of Extension (if extending)	
Trip Insurance & Policy Number	
Deposit Paid \$_____	Date Paid_____
2 nd Payment \$_____	Date Paid_____
3 rd Payment \$_____	Date Paid_____
Final Payment \$_____	Date Paid_____

Additional notes of information: