



# WILLETT TRAVEL

E S T A B L I S H E D 1 9 4 3

11365 Ventura Blvd. Suite 100 Studio City, CA 91604  
818 762-0676 FAX 818 763-7806  
[www.WillettTravel.com](http://www.WillettTravel.com)

## RESERVATIONS FORM (please complete in full)

FULL NAME (1st passenger) \_\_\_\_\_ U.S. Citizen? YES \_\_\_ NO \_\_\_  
*(PRINT your name exactly as it appears on your passport. Failure to do so will result in additional fees if a name change is required on your airline tickets)*

PASSPORT # \_\_\_\_\_ EXPIRES \_\_\_\_\_ PLACE OF ISSUE \_\_\_\_\_  
Please mail or fax the inside page of your passport where your photo is located (scanned images are best!)

CURRENT ADDRESS: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ DATE OF BIRTH (month/day/year) \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

*(Please complete one application form per person if each passenger is paying separately)*

FULL NAME (2nd passenger) \_\_\_\_\_ U.S. Citizen? YES \_\_\_ NO \_\_\_

*(PRINT your name exactly as it appears on your passport. Failure to do so will result in additional fees if a name change is required on your airline tickets)*

PASSPORT # \_\_\_\_\_ EXPIRES \_\_\_\_\_ PLACE OF ISSUE \_\_\_\_\_

Please mail or fax the inside page of your passport where your photo is located (scanned images are best!)

CURRENT ADDRESS: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ DATE OF BIRTH (month/day/year) \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PASSPORTS of U.S. citizens must be valid for at least 6-months beyond your return date.**  
**If you are NOT a U.S. Passport holder, please advise your travel professional to check your entry requirements.**

CRUISE CATEGORY: \_\_\_\_\_ CRUISE ONLY: \_\_\_\_\_ Need Airfare from: \_\_\_\_\_ Other Need: \_\_\_\_\_

### Travel Protection / Travel Insurance is highly recommended.

*(Please review the Terms & Conditions and then indicate your choice in this section)*

{ } YES, please charge the credit card below with the travel protection amount to cover my entire trip.

{ } NO, I/we do not wish to purchase trip insurance. Please sign: \_\_\_\_\_ DATE \_\_\_\_\_

### PAYMENT INFORMATION: CHECK (a deposit of \$250.00 per person)

CREDIT CARD #: \_\_\_\_\_ EXP DATE: \_\_\_\_\_ CVB CODE: \_\_\_\_\_

NAME as it appears on credit card: \_\_\_\_\_ Signature \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

### Please let us know if:

\* You have special dietary needs or allergies: \_\_\_\_\_

\* You are physically challenged or have medical conditions: \_\_\_\_\_

\* You have interest in sharing a double cabin: \_\_\_\_\_ Questions/comments: \_\_\_\_\_