

Client Information Form

Please fill out the form below and return it to us for your clients. We need the legal names as shown on the client's passports for tickets and other non refundable services. Tickets and services will be booked with the names on this form. No refunds or changes can be issued after we have ticketed these services. **This form needs to be completed before we can book the clients transfers, Rail tickets, Tours, and other services.**

Clients Legal names as shown on Passports, please indicate if client is under 18 years old.

Clients Name 1: _____ Clients Name 5: _____
Clients Name 2: _____ Clients Name 6: _____
Clients Name 3: _____ Clients Name 7: _____
Clients Name 4: _____ Clients Name 8: _____

Please list any nick name to use on Documents: Example: Robert & Maria = Bob & Mary

If this is a special occasion, what is the occasion? Anniversary, Birthday, Graduation.

Clients Flight information, if all clients have the same information just write All under name.

Client Name	Departure City, Date & Time	Arrival City, Date & Time
-------------	-----------------------------	---------------------------

Airline or operated by & flight number: _____

Client Name	Departure City, Date & Time	Arrival City, Date & Time
-------------	-----------------------------	---------------------------

Airline or operated by & flight number: _____

Client Name	Departure City, Date & Time	Arrival City, Date & Time
-------------	-----------------------------	---------------------------

Airline or operated by & flight number: _____

Client Name	Departure City, Date & Time	Arrival City, Date & Time
-------------	-----------------------------	---------------------------

Airline or operated by & flight number: _____

 **Please provide clients phone number that operates in Europe:** _____

If the clients prefer specific travel times for transfers or rail tickets please specify below:

Please e-mail this form or print and Fax to 1-830-264-2566