

TRAVEL RESERVATION FORM

(Please complete one form per person.)

LoftyTravel@aol.com

PERSONAL INFO:

FULL NAME (as it appears on your passport): _____

GROUP NAME (If known and/or applicable): _____

DATE OF BIRTH: ____/____/____

ADDRESS: _____

PHONE NUMBER(S): () _____ - _____

() _____ - _____

PASSPORT INFO:

CITIZENSHIP DOCUMENTATION (For cruise & international travel)

The Lofty Traveler recommends using a passport for any itinerary that includes travel outside of the U.S.

Type of documentation

Passport

Enhanced Driver's License

(only valid for international land border crossings)

Passport Card

(only valid for international land and sea travel between United States, Canada, Mexico, the Caribbean, and Bermuda)

Birth Certificate & government-issued photo ID

(only valid for closed-loop sea travel originating in the United States)

PASSPORT INFO

(Passport must be valid for six months following date of return)

Passport number: _____

Date of issue: ____/____/____

Date of expiration: ____/____/____

Nationality: _____

Place of birth: _____

TRAVEL INFO:

DATE OF TRAVEL: ____/____/____

GROUND TRANSPORTATION *(If not included as part of your travel package)*

Do you need transfers between airport and resort/hotel/cruise terminal? Y""N""""

Do you need wheelchair accessible transportation? Y""N

TRAVEL INSURANCE

Would you like to protect your vacation with travel insurance? Y""N

SHIP/RESORT/HOTEL NAME: _____

ARE YOU A PAST GUEST OF THE ABOVE SHIP/RESORT/HOTEL? Y""N

I AM TRAVELING IN THE SAME CABIN/ROOM WITH *(names)*:

CRUISE SHIP CABIN REQUESTS

Do you need adjoining cabins? Y""N

If yes, adjoin with *(names)*: _____

Cabin Type:

- Inside
- Outside
- Promenade
- Balcony
- Suite

Bed Configuration:

- Twin
- Single *(twin beds pushed together)*

RESORT/HOTEL ACCOMODATIONS

Do you need wheelchair accessible accommodations: Y""N

Room Type:

- Run of House
- Ocean View
- Beachfront
- City View
- Mountain View
- Garden View
- Pool View
- Other *(please explain)*: _____

HEALTH NEEDS:

SPECIAL DIETARY NEEDS

- Low sodium
- Diabetic
- Kosher
- Allergies (*please explain*)
- Gluten Free
- Vegan
- Other (*please explain*): _____

SPECIAL MEDICAL NEEDS

- ADA Compliant Accommodations
- Sharps Container
- Refrigeration
- Dialysis
- Oxygen
- Service Animal
- Deaf/Hard of Hearing
- Blind/Low Vision
- Other (*please explain*): _____

MISC:

ARE YOU CELEBRATING A SPECIAL OCCASION? Y""N

Type of occasion:

- Birthday
- Anniversary
- Honeymoon
- Other (*please explain*): _____

Date of occasion: ____ / ____ / _____

OTHER INFORMATION/REQUESTS:

Please Submit Completed Form To LoftyTravel@aol.com