



GROUP PASSENGER BOOKING FORM

Group # 598783

Agent's Name Kelly Ballard

Group Name Kelly Ballard/Reflective Harmony LLC

Agent's Phone 518-461-7959

Agency Name _____

Agent's Email kelly@kellyballard.com

PASSENGER 1:

Full name of passenger (must match passport) _____

Nationality _____ Date of Birth _____ / _____ / _____ Gender: M F Other

I would like to book my flights with CIE Tours: Yes No

Type of Room: 1 BED 2 BEDS My roommate and I prefer to have our own separate reservation number: Yes No

Street Address _____ Payment is enclosed for Optional Trip Protection Insurance. \$ _____

City/State/Zip _____ I am enclosing a deposit check for \$ _____

Daytime Phone _____ I am paying via credit card. Please charge \$ _____

Evening Phone _____ Visa Mastercard American Express Discover

Email _____ Name on Card _____

Emergency Contact _____ Card Number _____

Emergency Contact Phone _____ Expiration Date _____ / _____ Security Code _____

Is this a single reservation? Yes No NOTE: If this is a single, leave Passenger 2 section blank.

PASSENGER 2: Same address as Passenger 1? Yes No Same credit card information as Passenger 1? Yes No

Full name of passenger (must match passport) _____

Nationality _____ Date of Birth _____ / _____ / _____ Gender: M F Other

I would like to book my flights with CIE Tours: Yes No

Type of Room: 1 BED 2 BEDS My roommate and I prefer to have our own separate reservation number: Yes No

Street Address _____ Payment is enclosed for Optional Trip Protection Insurance. \$ _____

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