

**CIE TOURS**

# GROUP PASSENGER BOOKING FORM

Group # 598944 - ScotlandGroup Name Reflective Harmony / Kelly Ballard

Agency Name \_\_\_\_\_

Agent's Name Kelly BallardAgent's Phone 518.461.7959Agent's Email kelly@kellymballard.com**PASSENGER 1:**

Full name of passenger (must match passport) \_\_\_\_\_

Nationality \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: ☐ M ☐ F ☐ OtherI would like to book my flights with CIE Tours: ☐ Yes ☐ NoType of Room: ☐ 1 BED ☐ 2 BEDS My roommate and I prefer to have our own separate reservation number: ☐ Yes ☐ NoStreet Address \_\_\_\_\_ ☐ Payment is enclosed for Optional Trip Protection Insurance. \$ \$509.00City/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 ☐ OtherI would like to book my flights with CIE Tours: ☐ Yes ☐ NoType of Room: ☐ 1 BED ☐ 2 BEDS My roommate and I prefer to have our own separate reservation number: ☐ Yes ☐ NoStreet Address \_\_\_\_\_ ☐ Payment is enclosed for Optional Trip Protection Insurance. \$ \$509.00City/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 \_\_\_\_\_