

Tríp Reservation

Date: _____

<u>Name as it appears</u> on your Passport (for international travel) or Driver's License (for domestic travel). One per traveler.

First	Middle	Last	
Name you	prefer to go by:		
Address: _			
City:	State:	Zip:	
Home Pho	ne:	_Cell Phone:	
Email:			
Birthdate:	TSA or Glob	bal Entry #:	
Dietary res	trictions? 🗌 Yes 🗌 No	If yes, please list:	
How did yo	ou hear about weTravel?		
weVenture	e Trip Destination:		
Tour Name	<u>}</u>	Deposit Amount: \$	
Interested	in purchasing Travel Insu	urance: 🗌 Yes 🗌 No 🗌 Please conta	act me
If purchasi	ng insurance- Please che	eck payment method on brochure.	
	t cover any single supplement charges whic will be deducted from the refund of the pers	ch arise from an individual's traveling companion electing to cancel son who cancels.	prior to departure. The
<u>Traveling</u>			
Traveling v	vith a roommate: 🗌 🛛 R	Roommates Name:	
Solo:	Interested in Roommat	te Match: 🗌 Yes	
Bed Preve	rence: 🗌 One bed 🗌 T	wo beds	

Emergency Contact:							
Phone Number:Relationship:							
Email address of emergency contact:							
Airline Information: Seat Request: Aisle 🗌 Window 🗌 Next to Traveling Companion 🗌							
Wheelchair requested for airport transfer: Yes							
Cannot guarantee your seat preference. Many airlines do not provide seat assignments for groups.							
If traveling internationally: Must be valid for 6 months AFTER date of trip return.							
Passport Number (9 digits):Issuing Authority:							
Date Issued: Date Expires: Renewing:							
For weVenture Cruises only:							
For weVenture Cruises only:							
For weVenture Cruises only: Ocean cruise Cabin Type : Interior Ocean View Verandah							
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Make checks payable to weTravel

You may write one check for the deposit and insurance. *Unconfirmed trip deposits will be held until trip is confirmed to go so please do not date check. If unsure if trip is confirmed check <u>www.wetravel.club/weventure</u>

Dates, Itineraries, Prices, Escort subject to change.

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