



Travelers Information Form

All Fields Required -PLEASE PRINT LEGIBLY)

Key Ingredient for Relaxation

Travelers Information

Agent Name: All Smiles Travel

Agent ID #: 20029719 Date: _____

Numbers of Travelers:

Destination: _____

Home Address:

PLEASE ATTACH COPIES OF EACH TRAVELER'S PASSPORTS

To Travel Outside of the United States, each traveler is required to have a passport.

Traveler 1:

Complete Traveler Name that appears on Passport:

Birthdate of Traveler (MM/DD/YY):

Passport Number of Traveler: _____

Expiration Date of Passport: _____

Traveler 2:

Complete Traveler Name that appears on Passport:

Birthdate of Traveler (MM/DD/YY):



Travelers Information Form

All Fields Required -PLEASE PRINT LEGIBLY)

Key Ingredient for Relaxation

Passport Number of Traveler: _____

Expiration Date of Passport: _____

Traveler 3:

Complete Traveler Name that appears on Passport:

Birthdate of Traveler (MM/DD/YY):

--	--	--	--	--	--

Passport Number of Traveler: _____

Expiration Date of Passport: _____

Traveler 4:

Complete Traveler Name that appears on Passport:

Birthdate of Traveler (MM/DD/YY):

--	--	--	--	--	--

Passport Number of Traveler: _____

Expiration Date of Passport: _____



Travelers Information Form
All Fields Required -PLEASE PRINT LEGIBLY)

Key Ingredient for Relaxation

Traveler 5:

Complete Traveler Name that appears on Passport:

Birthdate of Traveler (MM/DD/YY):

--	--	--	--	--	--

Passport Number of Traveler: _____

Expiration Date of Passport: _____

If you have any questions or concerns, please feel free to contact me.

Thank you!

Linda Thompke

All Smiles Travel