

# Personal Touch Tours Travel Agency

## RESERVATION FORM

*(Please print information clearly Return this form with deposit to Personal Touch Tours.)*

3301 Dogwood Drive Hapeville, GA 30354 Attn. Group Specialist: La Cresia/Ms. Barbara/Dee/Loretta/Pat  
Agency Phone (404) 305-9353 Fax Number: (404) 305-9912 [WWW.PTTTRAVEL.COM](http://WWW.PTTTRAVEL.COM)

**Group Name:** \_\_\_\_\_ **Group Leader:** \_\_\_\_\_

**Destination:** \_\_\_\_\_ **Group Set Travel Date:** \_\_\_\_\_

Legal name of all passengers in cabin. (Add companion or roommate plus their name if paying separately)

1. \_\_\_\_\_ Birth date: \_\_\_\_\_ M/F \_\_\_\_\_

2. \_\_\_\_\_ Birth date: \_\_\_\_\_ M/F \_\_\_\_\_

3. \_\_\_\_\_ Birth date: \_\_\_\_\_ M/F \_\_\_\_\_

### Resort Information: (please check one)

- ◆ Room Type: Double Bedding \_\_\_\_\_ King Bedding: \_\_\_\_\_
- ◆ Number of people in Room: \_\_\_\_\_
- ◆ Trip Protection Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_ (\$129.00 per person)
- ◆ Smoking Preference: Yes \_\_\_\_\_ No \_\_\_\_\_
- ◆ Special requests or needs: \_\_\_\_\_ (Handicap Accessible Cabin or special dietary meals)

**Deposit Information:** Non -Refundable. If you add the insurance, that need to be paid at the time of booking/paying your deposit. All Major Credit Cards, Checks Money Orders are accepted for Group Travel. There will be a \$4.00 credit card fee added to total amount charged if this payment is made in the office or you can make payment on website at [www.ptttravel.com](http://www.ptttravel.com) with pay pal. Trip cancellation Insurance is recommended to avoid penalties for changes and cancellations in the event of sudden illness or death affecting you, your travel companion or immediate family.

### Payment Information:

ONE TIME CHARGE: \_\_\_\_\_ Monthly payment of \$ \_\_\_\_\_ on \_\_\_\_\_ of each month.  
(Yes or No)

Charge Amount: \$ \_\_\_\_\_ Security Code on back or front of Amx \_\_\_\_\_

Credit Card Type and #: \_\_\_\_\_ Exp. \_\_\_\_\_

### \*\* COPY OF FRONT OF CREDIT CARD\*\* REQUIRED

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature of authorization to charge above amount.

Home Phone #: (\_\_\_\_) \_\_\_\_\_

Billing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Address to send travel documents to if different from above:

Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**All passengers must show valid ID AT THE TIME OF CHECKING INTO THE HOTEL. – This can be a Driver's license or ID Card.**