

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

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 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.

You May save this form to your computer. Fill out and sent to email personaltouch808@bellsouth.net