



Divine Explorers Travel Inc.

Booking Form

<http://www.divineexplorers.com>

P.O. Box 318

Savage, MD 20763

divineexplorers@yahoo.com

240-888-1845 (Cell) 888-284-1603 (Fax)

Traveler Information		Date: _____
<i>Legal Full Name</i>		
<i>*Date of birth</i>		
<i>Nationality</i>		
<i>Occupation</i>		
<i>Passport issuer</i>		
<i>Passport number</i>		
<i>Passport expiration</i>		
<i>*Delivery address</i>		
<i>*Billing address</i>		
<i>*E-mail</i>		
<i>*Phone</i>		
<i>Fax</i>		
<i>Health Concerns</i>		
<i>Allergies</i>		
<i>*Emergency notification contact</i>		
<i>*Emergency notification number</i>		
<i>*Relationship to traveler</i>		
Tour Information		
<i>Tour company name</i>		
<i>Booking number</i>		
<i>Length of tour</i>		
<i>Destination</i>		
<i>Departure date and time</i>		
<i>Departure city</i>		
<i>Return date and time</i>		
<i>Include Insurance</i>		
<i>Include Gratuities (cruise only)</i>		
Other Travelers:		
<i>Passenger 1</i>	<i>DOB:</i>	
<i>Passenger 2</i>	<i>DOB:</i>	
<i>Passenger 3</i>	<i>DOB:</i>	
<i>Passenger 4</i>	<i>DOB:</i>	

* = required information

DOB=Date of Birth

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Credit Card Authorization Form

I, _____, hereby authorize Kimberly Hall of Divine Explorers Travel, Inc. to charge my credit card No. # _____ with expiration date: _____ and your 3 or 4 security code _____ from the back of your card in the amount of \$ _____ for the following services:

Please circle or check a box:



Name: _____ (Name on the Card)
Address: _____ (Billing Address)

City _____ State _____ Zip _____

I am/we are aware of any cancellation policies and agree not to dispute or attempt to chargeback any of the above signed for and acknowledged charges.

Phone Number: _____
Email: _____
Cardholder's Signature: _____
Date: _____

Are you available to receive signature-required deliveries from 9am to 5pm on Monday-Saturday at this address? Please check one: YES NO

Please note: Trips will incur a 3.5% fee if not purchasing an all-inclusive vacation package i.e. bus or train trips.