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800-346-0997

Client Information Sheet

Contact Information

Name: _____
Home Phone #: _____
Cell Phone #: _____
Email Address: _____
Home Address: _____
City: _____ State: _____ Zip: _____

Travel Dates: _____ Flexible? YES NO
Destination: _____
Company: _____
Reason for Travel: Honeymoon Anniversary Birthday Reunion Other: _____
After this vacation, where are you looking to travel next? _____

OFFICE USE ONLY
Booking Number: _____
Appointment: _____
Travel Insurance: _____
Policy Number: _____

(Please see our insurance disclaimer on the next page.)

Full Legal Name(s) of Travelers **(Must Match Passport)**

#1: Name: _____ Date of Birth: ____/____/____
Passport #: _____ Expiration Date: ____/____/____
Issued Date: ____/____/____
#2: Name: _____ Date of Birth: ____/____/____
Passport #: _____ Expiration Date: ____/____/____
Issued Date: ____/____/____
#3: Name: _____ Date of Birth: ____/____/____
Passport #: _____ Expiration Date: ____/____/____
Issued Date: ____/____/____
#4: Name: _____ Date of Birth: ____/____/____
Passport #: _____ Expiration Date: ____/____/____
Issued Date: ____/____/____

Payment Information

Payment Type: Visa Mastercard Discover Amex Check #: _____ Cash Amount: _____
Name on Card: _____
Billing Address: _____
Card Number: _____ XXXXXXXX _____
Expiration Date: ____/____/____ Security Code: _____ Amount Authorized: \$ _____
Register my above credit card to Auto Pay on Final Payment Date: YES NO

Additional Information

Special Needs:

Diabetic Diet
Fridge for Medication
Sharps Container
Handicap/Accessible Room
Distilled Water
Extension Cord
Oxygen Tank
Wheelchair Assistance @ Port/Airport
Food Allergies: _____
Other: _____

Room or Cabin Preferences:

Inside
Ocean View
Balcony
Suite
Preferred Location: _____
Bedding:
Twin/Separate
Queen/Together
Additional Requests: _____
Have you cruise/toured with this company previously?
YES NO
Passenger #: _____

Friends or family you'd like us to request placing you near? _____

Onboard Account Information

Credit Cash Same As Above Credit Card _____

If using a different credit card, please provide card information below:

Payment Type: Visa Mastercard Discover Amex Check #: _____ Cash Amount: _____
Name on Card: _____
Billing Address: _____
Card Number: _____ XXXXXXXX
Expiration Date: ____ / ____ Security Code: _____ Amount Authorized: \$ _____

Emergency Contact Information

Name(s): _____ Relationship to You: _____
Phone Number: _____ Email Address: _____
Home Address: _____

Travel Protection

You are a valued client and we want to do everything possible to make your travel enjoyable and worry free. Because the unforeseen and unexpected can occur before you leave or while you are away from home, we recommend purchasing travel insurance. If you choose not to purchase insurance, you are assuming full responsibility for any financial loss you may incur.

I understand I am risking my travel investment if I decline travel insurance.

A quote for travel protection will be furnished at my appointment.

I understand and accept all of the terms and conditions of traveling with/without travel protection. I accept responsibility of my party on the vacation and understand the terms and conditions of the cruise line/travel company.

Client Signature: _____ **Date:** _____