



# GROUP PASSENGER BOOKING FORM

Group # \_\_\_\_\_

Agent's Name \_\_\_\_\_

Group Name \_\_\_\_\_

Agent's Phone \_\_\_\_\_

Agency Name \_\_\_\_\_

Agent's Email \_\_\_\_\_

## PASSENGER 1:

Full name of passenger (must match passport) \_\_\_\_\_

Nationality \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Gender: ☐ M ☐ F ☐ Other

I would like to book my flights with CIE Tours: ☐ Yes ☐ No

Type of Room: ☐ 1 BED ☐ 2 BEDS

My roommate and I prefer to have our own separate reservation number: ☐ Yes ☐ No

Street Address \_\_\_\_\_

☐ Payment is enclosed for Optional Trip Protection Insurance. \$ \_\_\_\_\_

City/State/Zip \_\_\_\_\_

☐ I am enclosing a deposit check for \$ \_\_\_\_\_

Daytime Phone \_\_\_\_\_

☐ I am paying via credit card. Please charge \$ \_\_\_\_\_

Evening Phone \_\_\_\_\_

☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Email \_\_\_\_\_

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

Emergency Contact \_\_\_\_\_

Card Number \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_ Security Code \_\_\_\_\_

Is this a single reservation? ☐ Yes ☐ No NOTE: If this is a single, leave Passenger 2 section blank.

## PASSENGER 2: Same address as Passenger 1? ☐ Yes ☐ No

Same credit card information as Passenger 1? ☐ Yes ☐ No

Full name of passenger (must match passport) \_\_\_\_\_

Nationality \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Gender: ☐ M ☐ F ☐ Other

I would like to book my flights with CIE Tours: ☐ Yes ☐ No

Type of Room: ☐ 1 BED ☐ 2 BEDS

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Card Number \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_ Security Code \_\_\_\_\_