



Trip Reservation

Date: _____

Name as it appears on your Passport (for international travel) or Driver's License (for domestic travel). One per traveler.

First _____ Middle _____ Last _____

Name you prefer to go by: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Birthdate: _____ TSA Pre-check number: _____

Dietary restrictions? Yes No If yes, please list: _____

TSA Pre-check or Global Entry number: _____

weVenture Trip Destination:

_____ Deposit Amount: \$ _____

Interested in purchasing Travel Insurance: Yes No

If purchasing insurance- Please check payment method for trip.

Insurance does not cover any single supplement charges which arise from an individual's traveling companion electing to cancel for any reason prior to departure. The single supplement will be deducted from the refund of the person who cancels.

Traveling

Solo: Interested in Roommate Match: Yes

Traveling with a roommate: Roommates Name: _____

Bed Preference: One bed Two beds

Emergency Contact: _____

Phone Number: _____ Relationship: _____

Email address of emergency contact: _____

Airline Information: Seat Request: Aisle Window Next to Traveling Companion

Wheelchair requested for airport transfer: Yes

Cannot guarantee your seat preference. Many airlines do not provide seat assignments for groups.

If traveling internationally: Must be valid for 6 months AFTER date of trip return.

Passport Number (9 digits): _____ Issuing Authority: _____

Date Issued: _____ Date Expires: _____ Renewing:

For weVenture Cruises only:

Ocean cruise Cabin Type : Interior Ocean View Verandah

River cruise Cabin Type : Lower Middle Upper Suite

Make checks payable to weTravel

*Unconfirmed trip deposits will be held until trip is confirmed to go so please do not date check. If unsure if trip is confirmed check www.wetravel.club/weventure

Dates, Itineraries, Prices, Escort subject to change.

Mailing address:

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