

Tríp Reservation

Date:			
	ars on your Passpor avel). One per travele	rt (for international travel r.) or Driver's License
First	Middle	Last	
Name you prefer	to go by:		
Address:			
	State:		
Home Phone:	c	ell Phone:	
Email:			
Birthdate:	TSA or Global I	Entry #:	
Dietary restriction	ıs? 🗌 Yes 🗌 No	If yes, please list:	
weVenture Trip	Destination:		
	Deposit Amou	ınt: \$	
Interested in puro	hasing Travel Insurar	nce: 🗌 Yes 🗌 No 🗌 Plea	ise contact me
If purchasing insu	ırance- Please check	payment method on broch	iure.
	single supplement charges which aris acted from the refund of the person wh	e from an individual's traveling companion ele no cancels.	cting to cancel prior to departure. The
<u>Traveling</u>			
Traveling with a r	oommate: Roo	mmates Name:	
Solo: Inter	ested in Roommate M	latch: 🗌 Yes	
Bed Preverence:	☐ One bed ☐ Two	beds	

Emergency Contact:				
Phone Number:Relationship:				
Email address of emerg	gency contact:			
Airline Information: Seat Wheelchair requested for	Request: Aisle Window airport transfer: Yes	Next to Traveling Companion provide seat assignments for groups.		
If traveling internationally: Must be valid for 6 months AFTER date of trip return.				
Passport Number (9 dig	gits):lssu	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: weTravel LLC	4267 4 Mile Rd. NE	Grand Rapids, MI 49525		

http://www.wetravel.club info@wetravel.club 616.389.0589