WINE TOURS OF THE WORLD
PASSENGER INFORMATION FORM

Date:

Confirmation Number	Date of Departure	Destination	Number of Passengers

PASSENGER INFORMATION (PIF) (each passenger is required to complete the information)

☐ Mr. ☐ Mrs. ☐ Ms. Other _____ Date of Birth _____

Last Name | First Name (must match the Passport) | Middle Initial

Passport Number | Country of Issue | Date of Issue | Expiration Date

Permanent Address | City | State | Zip/Postal Code

Home Phone | Mobile/Business Phone | E-Mail Address

Do you have any handicaps we need to be aware of? _____

EMERGENCY CONTACT INFORMATION (Please leave a copy of your passport with your emergency contact person who is not traveling with you)

Last Name | First Name | Relationship

Address | City | State | Zip/Postal Code

Home Phone | Mobile/Business Phone | E-Mail Address

FLIGHT INFORMATION (if passenger took care of their own air)

Outbound - Flight information on final destination only:

Airline | Date | Flight Number | Arrival Time | AM/PM

Return Flight information on departing city only

Airline | Date | Flight Number | Arrival Time | AM/PM

CREDIT CARD AUTHORIZATION (To be completed only if you are paying by Credit Card)

☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Cardholder's Name | Credit Card Number | Expiration & Security Code

Billing Address | City | State | Zip/Postal Code

Home Phone | Mobile/Business Phone | E-Mail Address

By signing below, I hereby authorize Wine Tours of the World to charge my Credit card for specific services listed on the Itinerary. I acknowledge that I have read all Terms & Conditions and agree to them, including cancellation penalties and change fees, which have been provided to me in writing. I have also been advised to purchase Travel Protection Insurance (I have: ____ accepted ____ declined it)

Cardholder Signature | Date

PLEASE FAX AT 303 799-6370 OR E-MAIL: chris@winetoursoftheworld.com