



Divine Explorers Travel Inc.

Booking Form

<http://www.divineexplorers.com>

P.O. Box 318

Savage, MD 20763

divineexplorers@yahoo.com

240-888-1845 (Cell) 301-604-1601(Fax)

Traveler Information		Date: _____
*Legal Full Name		
*Date of birth (mm/dd/yyyy)		
Nationality		
Occupation		
Passport issuer		
Passport number		
Passport expiration		
*Delivery address		
*Billing address		
*E-mail		
*Phone		
Fax		
Health Concerns		
Allergies		
*Emergency notification contact		
*Emergency notification number		
*Relationship to traveler		
Tour Information (Office Use Only)		
Tour company name		
Booking number		
Length of tour		
Destination		
Departure date and time		
Departure city		
Return date and time		
Include Insurance		
Include Gratuities (cruise only)		
	*Please Indicate Other Travelers(if any):	
Passenger 1	DOB:	
Passenger 2	DOB:	
Passenger 3	DOB:	
Passenger 4	DOB:	

* = required information

DOB=Date of Birth

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Credit Card Authorization Form

I, _____, hereby authorize Kimberly Hall of Divine Explorers Travel, Inc. to charge my credit card No. # _____ with expiration date: _____ and your 3 or 4 security code _____ from the back of your card in the amount of \$ _____ for the following services:

Please check a box:



Name: _____ (Name on the Card)
Address: _____ (Billing Address)

City _____ State _____ Zip _____

I am/we are aware of any cancellation policies and agree not to dispute or attempt to chargeback any of the above signed for and acknowledged charges.

Phone Number: _____

Email: _____

Cardholder's Signature: _____ (*Important*)

Date: _____

Are you available to receive signature-required deliveries from 9am to 5pm on Monday-Saturday at this address? Please check one: YES NO

Please note: Trips will incur a 3.5% fee if not purchasing an all-inclusive vacation package i.e. **bus or train trips (only)**.