



Office: 407.542.5851

discovergaiatravel.com

## Booking Form

Date:

INFORMATION AS IT APPEARS ON GOVERNMENT ISSUE ID/PASSPORT (PLEASE PRINT CLEARLY)

Traveler 1				Traveler 2			
Title	Last Name	First	Middle	Title	Last Name	First	Middle
Date of Birth		DL or Passport #/Expiration Date		Date of Birth		DL or Passport #/Expiration Date	

Traveler 3				Traveler 4			
Title	Last Name	First	Middle	Title	Last Name	First	Middle
Date of Birth		DL or Passport #/Expiration Date		Date of Birth		DL or Passport #/Expiration Date	
Address	Number & Street		City, State		Zip		

Telephone/ Email	Home	Work / Cell	Email

Emergency Contact	Name	Phone	Relation

### Travel Details

Air	Hotel	Other

**Disclosures**

**Travel Verification: (Signature REQUIRED)**

I, \_\_\_\_\_, have reviewed the dates, times, and reservations made on my behalf by Discover Gaia Travel and I agree that they are correct and accurate. Unless otherwise stated, this trip once booked is nonrefundable. I understand that Elise Damico-Davis or Discover Gaia Travel is not responsible for any cancellation, errors or omissions on my behalf or on the behalf of vendors providing travel services as a result of this reservation. \* I understand that the price cannot be guaranteed until booked and the reservation will not be held until this form is received with required payment. I will be notified of any changes.

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Client Signature:** \_\_\_\_\_

**Trip Insurance Notification: (Signature REQUIRED)**

Trip insurance is strongly recommended by **Discover Gaia Travel** to protect clients from certain situations that could cause this trip to be cancelled, interrupted, and/or delayed resulting in a loss of time and monies.

[  ] I hereby waive trip insurance. I understand that **Discover Gaia Travel** will be held free of any claims made as part of this transaction.

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Client Signature:** \_\_\_\_\_

[  ] I hereby accept trip insurance. I agree to all of the terms and conditions of the insurance program.

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Client Signature:** \_\_\_\_\_

**Cancellation Penalties: (Signature REQUIRED)**

I understand the cancellation/amendment policies of the vendor's travel program that I have purchased. In addition, I understand the fees that will be assessed per person fee as a result of any changes/cancellation of this transaction. I agree to pay all charges, fees, or penalties, and hereby hold Elise Damico-Davis or Discover Gaia Travel free of any claims made as a result of the changes/cancellation of this travel reservation.

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Client Signature:** \_\_\_\_\_

**Proof of U.S. Citizenship**

A U.S. citizen must be in possession of a valid passport with no less than six months validity remaining to travel outside the continental United States. If the booking itinerary is for a closed loop cruise a passport is not required however, a passport card, enhanced driver's license or a passport book is strongly recommended. If you do not have any of these items, **you must** present a **valid** driver's license **AND** a valid/certified birth certificate. Only a birth certificate is required for children under 16 if traveling with a parent. You will be denied boarding if you do not have the correct proof of citizenship documents. Elise Damico-Davis or Discover Gaia Travel will not be held liable for any issue regarding boarding denial.

Your initials indicate that you have read and understand this requirement. **Please Initial** \_\_\_\_\_

**Total Price for Itinerary: \$** \_\_\_\_\_

Price includes all taxes and service fees with the exception of checked luggage fees, cruise line gratuities and those paid directly to the hotel and other vendors/suppliers. Once booked, this travel booking is non-refundable. I have reviewed the itinerary for accuracy, and agree to the terms of the purchase. I understand that the travel booking can't be held until this form has been received and that I will be notified of any price differences prior to my payment being applied.

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Printed Name

Signature / Date

**Special Needs, Etc.**

If you have any special needs (dietary, wheelchair access, membership numbers, etc.) please detail them here. **Please Print clearly.**

**Payment Details**

Method of Payment Debit / Credit (circle one)

Total Trip Price: \$ \_\_\_\_\_

Travel Insurance (optional) \$ \_\_\_\_\_ (due at deposit)

Total Amount Being Paid Today \$ \_\_\_\_\_

Balance of \$ \_\_\_\_\_ due no later than \_\_\_\_\_

**Credit Card Authorization**

Card Type: VISA | Mastercard | Discover | American Express (circle one)

Name as it appears on card:

Credit Card Number :

3- Digit Security Code: Expiration Date(MM/YYYY)

Billing Address:

City, State, Zip:

Billing Phone:

Credit Card Authorization: By signing this form, I certify I am the cardholder or an authorized user of the card. I agree to the amount being charged to my account as outlined. I also agree to pay the above total as outlined in my card issuer agreement and do not hold Elise Damico-Davis or Discover Gaia Travel liable for any errors or omissions.

**Printed Name**

**Signature / Date**

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