

## CHARLESTON Savannah

April 2 - 8, 2023

	Please provide full name as appearing on your driver license						
	First Name	Middle Name/Initial	Last Name		"Goes by"	Date of Birth mm / dd / yy	Known Traveler #
1							
2							
3							
Address:				City:	State: Zip:		
Home Tel: Cell:			Email:				
Bedding Request (circle one): King Doubles  Optional Travel Protection: go to <a href="https://travelsafe.com?agent=5432">https://travelsafe.com?agent=5432</a> to complete an application online or call 918-770-1743							
Deposit of \$200 per person. Final payment is due 60 days prior to departure.							eparture.
		Card Number:				Ехр:	CCV:
		Signature:					
Do you want the same card used for final payment when due?  Yes  No  No							
Please advise of any physical or dietary restrictions:							

Return this form in the mail, or by email attachment, or by shooting a picture with your smart phone and texting to us.

10026-A S. Mingo Rd #137, Tulsa, Oklahoma 74133-5700

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