



Fax (or Scan & Email) form to Winding Creek Travel using the info at the bottom of this form. To fill out electronically, please call us and an AdobeSign document will be emailed to you.

PLEASE PRINT/TYPE Each Traveler's Full Given Name (as it appears on Passport used for travel)

Primary Traveler

Name > _____
Last First Middle Prefix/Suffix (Dr., Jr.,...)

Email most often checked > _____ Birthdate^ MM/DD/YEAR

Postal Address > _____
Street City State Zip Code

As Primary Traveler, I confirm that my above information and all subsequent travelers' information, listed herein or attached, is as it appears on the government issued ID's/Documents used for travel. I understand that I am responsible for any fees &/or penalties associated with changes to said travelers' information &/or denial of travel due to incorrect information that matches this info.

Signature _____ Date _____

2nd Traveler

Last First Middle Prefix/Suffix (Dr., Jr.,...)

Personal Info If Different from Primary Traveler:
(Email, Phone #, Address, etc.) > _____

3rd Traveler

Last First Middle Prefix/Suffix (Dr., Jr.,...)

Personal Info If Different from Primary Traveler:
(Email, Phone #, Address, etc.) > _____

4th Traveler

Last First Middle Prefix/Suffix (Dr., Jr.,...)

Personal Info If Different from Primary Traveler:
(Email, Phone #, Address, etc.) > _____

This Authorization Form permits charges for the above and any attached travelers, for our

Celebrate with Chelsea & Tyler! June 15-24, 2019 (Dates of Travel are June 16-22, 2019)

Destination Description

Travel Dates

(Additional days may be shown to include unforeseen delays, added time etc).

Card Authorization:

I hereby Authorize Winding Creek Travel to make charges as indicated above to my credit account given below:

Charges may include, but are not limited to: Airfare, Accommodations, Trip Insurance, Attractions, Reservation Deposits, Car Rental, etc.

Cardholder's Name >>>

(*exactly as it appears on the card*)

Cardholder's

Phone # >>>

Billing Address:

Street

City

State

Zip

Card Type: ☐ Visa ☐ M/C ☐ AmX ☐ Discover

Account. Type: ☐ Credit ☐ Debit*

*If "Debit", please notify card company of upcoming charges if anticipating the charge will be over your daily debit limit. * Daily Limit
Amt.= _____

Last two digits of Card # _____

Exp. Date (dd/yy) _____

Security Code _____

Remainder as per phone conversation

Signature _____ Date _____

Connie Caldwell

Winding Creek Travel

291 Ridge Rd., Shepherdsville, KY 40165

Phone: (502) 550-3272

Email: Caldwell@WindingCreekTravel.com

Landline/Fax-- 502.543.9465