

Group Travel Request

Type of Group: Check One. ☐ Church ☐ Corporate ☐ Club ☐ Organization ☐ Family ☐ Civic ☐ Other

Name of Organization: _____ Home Phone Number: _____

Primary Contact for this organization: _____ Work Phone Number: _____

Address: _____ Email address: _____

City: _____ State: _____ Zip: _____ Estimated# in the Party: _____

Arrangements needed: ☐ Cruise ☐ Air ☐ Hotel ☐ Sightseeing ☐ Show Tickets ☐ Meals ☐ Other

Dates you would like to travel: _____ Departure City: _____ Destination City: _____

Comments: _____

Please provide passenger information on the enclosed form.

Mail or fax to Travel Travel. Fax: 701-492-5039.

Group Passenger List

Group Name: _____ Date: _____
 From: _____ Phone: _____ Email: _____

Passenger Information: This information will be needed for each passenger. Make additional copies if necessary.
 If leaving the U.S., proof of citizenship will be required. We will be reviewing proof of citizenship for each passenger.

Passenger Name (Exactly as appears on driver license) Include full middle name	Street Address	City	State	Zip	Date of Birth	Passport #	Phone #
John Adam Doe	1234 Franklin Street	Fargo	ND	58103	10/01/60	482768543	555-344-1234

Mail or fax to Travel Travel. Fax 701-492-5039