



Toll Free: (866) 597-0585
Local: (248) 581-0038
Fax: (248) 233-0586
www.gdstravelolutions.com

GD TRAVEL SOLUTIONS

& GROWN FOLKS TRIPPIN

CONSIDER YOURSELF THERE!

Today's Date: _____

VACATION BOOKING FORM

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

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

PRIMARY CONTACT INFORMATION

Address:			
	Number & Street	City, State	Zip Code

Telephone/Email			
	Home Phone Number	Work/Cell Phone Number	Email Address

Emergency Contact Info			
	Name	Work/Cell Phone Number	Relationship

VACATION DETAILS

Grown Folks Trippin – Guys Weekend in Vegas

August 17 – 20, 2018

Flamingo Hotel & Casino – Double Occupancy

Roundtrip Air on Delta Airlines

Roundtrip Hotel Transfers

Pricing – from \$650 per person

Deposit - \$200 per person

Optional – Travel Insurance - \$79 per person

Cancel Fees Per Person:	
If cancelled before 05/15/18	your fee will be \$200.00 USD
If cancelled between 05/18/18 and 07/15/18	your fee would be \$600.00 USD.
If cancelled after 07/15/18	your fee will be non-refundable



Toll Free: (866) 597-0585
Local: (248) 581-0038
Fax: (248) 233-0586
www.gdstravelolutions.com

GDS TRAVEL SOLUTIONS

& GROWN FOLKS TRIPPIN

CONSIDER YOURSELF THERE!

Today's Date: _____

VACATION BOOKING FORM

DISCLOSURES

Travel Verification: (Signature REQUIRED)

I, _____, have reviewed the dates, times, and reservations made on my behalf by GDS Travel Solutions and I agree that they are correct and accurate. Unless otherwise stated, this trip once booked is nonrefundable. I understand that **GDS Travel Solutions** 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. I will be notified of any changes. Price includes all taxes and service fees with the exception of checked luggage fees and those fees paid directly to the hotel and other vendors/suppliers.

Date: ____/____/____ Client Signature: _____

Trip Insurance Notification: (Signature REQUIRED)

Trip insurance is strongly recommended by **GDS Travel Solutions** to protect clients from certain situations that could cause this trip to be cancelled, supplier bankruptcy/default, interrupted, and/or delayed resulting in a loss of time and money for incurred expenses due to baggage loss, medical expenses, and even emergency air transportation

☐ I hereby waive trip insurance. I understand that **GDS Travel Solutions** will be held free of any claims or liability 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 **GDS Travel Solutions** free of any claims made as a result of the changes/cancellation of this travel reservation. I understand that I will be charged for any vendor cancellation fees and an additional agency fee of \$50 per person in the event of cancellation if I do not purchase travel insurance. This fee must be collected via debit/credit card before the cancellation can be processed.

Date: ____/____/____ Client Signature: _____

Proof of U.S. Citizenship

- **For vacations within the United States valid, unexpired government issued identification is required (i.e. driver's license, State ID)**
- For international vacations, a valid passport is required and in some cases a visa. Passports must be valid for **at least 6 months** longer than your planned vacation. Passports are required for all adults and children traveling to international locations.
- For cruises, passports are required with the exception of closed-loop cruises where passports are strongly recommended. In lieu of a passport, the following documentation may be acceptable:
 - A U.S. passport card
 - An enhanced driver's license or State ID
 - A driver's license or State ID **AND** official birth certificate
 - A birth certificate 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. GDS Travel Solutions will not be held liable for any issue regarding boarding denial. Your initials indicate that you have read and understand this requirement. Initial **_____**



Toll Free: (866) 597-0585
Local: (248) 581-0038
Fax: (248) 233-0586
www.gds Travelsolutions.com

GDS TRAVEL SOLUTIONS

& GROWN FOLKS TRIPPIN

CONSIDER YOURSELF THERE!

Today's Date: _____

VACATION BOOKING FORM

SPECIAL NEEDS, ETC.

If you have any special needs (wheelchair access, membership numbers, such as SkyMiles, etc.), please detail them here. **Only print and print clearly.**

PAYMENT DETAILS

Total Trip Price Due	
+Travel Insurance (total for all travelers)	
Final Trip Price	
Minimum Due (+travel insurance)	
Final Payment Due Date	July 15, 2018

Return Check Policy: All returned checks will receive a \$30 NSF fee and a \$10 late fee. If NSF amount, late fee and outstanding payment is not received within two (2) days of acknowledgement; booking will be canceled without regard. If one payment is returned, any remaining payments must be made by credit card or money order ONLY and no further checks will be accepted. Checks are not accepted for initial deposits or final payments.

Method of Payment - DEBIT/CREDIT CARD | CHECK/MONEY ORDER | CASH

CREDIT CARD AUTHORIZATION

CARD TYPE: VISA | MASTERCARD | DISCOVER | AMERICAN EXPRESS (Circle one)



Name As it Appears on Card _____

Credit Card Number _____

3/4-Digit Code _____ Expiration Date (MM/YYYY) _____

Billing Address

Address _____

City, State, ZIP _____

Billing Phone _____

Credit Card Authorization: By signing this form, I certify that 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 above total as outlined in my card issuer agreement and do not hold GDS Travel Solutions liable for any errors or omissions that are outside of the agency's control. GDS Travel Solutions takes privacy extremely seriously and does what is necessary to follow all government regulations and guidelines as it pertains to securing your information.

Printed Name	Signature/Date