

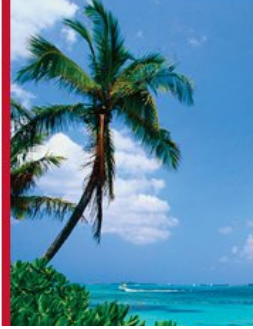


Dream Castle Vacation
"Where Our Dream is to Make Your
Dream Vacation Come True"

Ayana J. Thomas
Referring Travel Agent

WWW.ADREAMCASTLEVACATION.COM

866-954-2646
dreamcastlevacation@yahoo.com



Traveler Profile Form

Personal & Billing Information

Fax/Email form to DCV

Traveler name: _____

Birth Date: _____

E-mail: _____

Department: _____

Phone: _____

Fax: _____

Delivery Address: _____

Billing Address: _____

Credit Card Name: _____

Credit Card Number: _____

Credit card expiration date: _____

Travel Information

Destination: _____

Departure Date: _____

Preferred Departure Time: (e.g., morning, mid-day, evening) _____

Return Date: _____

Preferred Return Time: (e.g., morning, mid-day, evening) _____

Seating Preference: (e.g., aisle, window, center) _____

Meal Preference: _____

Frequent Flyer Program Name(s) and Number(s): _____

Rental Car Program Name(s) and Number(s): _____

Rental Car Preference: (e.g., compact, mid-size, luxury) _____

Lodging Information

Hotel Program Name(s) and Number(s): _____

Room Preference: (e.g., king, double, single) _____

Smoking Preference: _____