



VACATIONS BY STACY TRAVELER INFORMATION FORM

Passports must be valid for 6 months beyond date of return from travel

NAMES MUST MATCH **EXACTLY** THE WAY THEY APPEAR ON PASSPORT or valid ID used for travel

Traveler Information	
Traveler # 1 Legal Name	GENDER:
Date of birth	
Passport # and Exp Date	
Traveler # 2 Legal Name	GENDER:
Date of birth	
Passport # and Exp Date	
Traveler # 3 Legal Name	GENDER:
Date of birth	
Passport # and Exp Date	
Traveler # 4 Legal Name	GENDER:
Date of birth	
Passport # and Exp Date	
Contact Information	
Home Mailing Address	
Email Address	
Phone number (s)	
Credit Card Information	
Credit Card Type	
Credit Card Number	
Credit Card Expiration Date	
Credit Card Security Code	
EMERGENCY CONTACT	
Name and cell phone #	
Loyalty Numbers	
Air/Cruise/Hotel (specify)	

I authorize the amount of the non-refundable deposit (or payment in full if traveling within 75 days) to be charged to the credit card account listed above.

Signature

Date

Name on Credit Card (please print)

WEBSITE: www.vacationsbystacy.com
EMAIL: stacy@vacationsbystacy.com

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FAX: (856) 282-0212