

Synergy Reservation Form

Today's date: ___/___/___

Name of tour or cruise: _____

Date of tour or cruise: _____

Name: _____ D.O.B. ___/___/___

Name: _____ D.O.B. ___/___/___

Name: _____ D.O.B. ___/___/___

It is important that your name is printed clearly and is listed as it appears on your government issued photo I.D. that you will be using for the airlines. Synergy Tours & Cruises will not be responsible for any mistakes made on this form, or additional charges by the airlines to change misspelled names.

Address: _____

City: _____ State: _____ ZIP: _____

Phone #: _____ Email: _____

of People: _____ Price pp: _____ Amount: \$ _____

Special needs / requests: _____

Group Affiliation: _____ **Pick up:** _____

Insurance? _____

Follow up needed? _____
