

Fort Rucker Leisure Travel

Customer Information Page

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(Please be sure to email all)

Date: _____ Military: A/D Retired Dependent Civilian

Email: _____

Name: _____

Phone: _____

Address: _____

Adults: ____ Children: ____ Children's ages: _____ Number of rooms: _____

Check in date ____/____/____ Check out ____/____/____ Celebrations: _____

Vacation: _____ Hotel _____ Tickets _____ Flights _____ Cruise _____ Package Deals

Tickets Needed: _____

Number needed: ____ Adults ____ Children ____ Senior (ages depend on Attractions)

Location Requested: _____

Hotel room type: _____

Departing Airport: _____

Flight preference: ____early morning ____afternoon ____evening

Flight seating preference: _____

Cruise: _____

Line: _____

Port Preference: _____

Cabin Preference: _____

Call/email back:

Time: _____ Date: _____ Initials: _____

Time: _____ Date: _____ Initials: _____