



Fort Belvoir Leisure Travel Services

Travel Professional

Donna Alexander

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****Please Note****

This form will not be processed unless **ALL HIGHLIGHTED** sections are completely filled out and initialed at the bottom.

VACATION RESERVATION REQUEST FORM

Today's Date: _____

First & Last Name: _____ **Phone Number:** (____) ____ - _____

Alternate Phone Number: (____) ____ - _____ **Email:** _____

Address: _____

Address 2: _____

City, State & Zip Code: _____ / _____ / _____

Status: (Please check box) Military: Active, Reservist, Retired or DOD Civilian

Travel Information:

Destination requested: _____ **Budget:** \$ _____

Departure Date: _____ **Length of cruise/vacation:** _____

Flight needed: Yes or No _____ **Departure Airport:** _____

Number of adults in Party: _____ **Number of children in Party:** _____

Full legal names (name on passport), dates of birth and ages of all passengers:

For Cruises only:

Cruise Line: _____

Departure Port: _____

First choice Cabin (cruise): Interior, Ocean View, Balcony or Suite _____

Second choice Cabin (cruise): Interior, Ocean View, Balcony or Suite _____

Pre-Cruise Hotel Stay: _____ **Post-Cruise Hotel Stay:** _____

Have you cruised before? If so, which Cruise Line(s) _____

Special requests (dietary needs, any celebrations) or other information:

Please allow 15 business days for us to get back to you. Thank you.

NOTE: Some cruise lines do not allow clients under 25 to sail unless accompanied by someone over 25. Initial _____