



# TRAVEL REQUEST FORM

**Telephone: 850-882-5930**

**Email: [eglin.itt.travel@eglinitt.com](mailto:eglin.itt.travel@eglinitt.com)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Billing address: \_\_\_\_\_

DoD status: \_\_\_\_\_ Florida Resident? \_\_\_\_\_

### Travel Information

Party size: \_\_\_\_\_ Check in date: \_\_\_\_\_ Check out date: \_\_\_\_\_

Resort preference: \_\_\_\_\_

Guest's first & last names (list ages if under 18 yrs):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you be celebrating any special occasions ? \_\_\_\_\_ Yes \_\_\_\_\_ No

Special requests:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special celebration: \_\_\_\_\_

Confirmation #: \_\_\_\_\_

How did you hear about us?

Customer Referral \_\_\_ Eglinlife.com \_\_\_ ITT Staff \_\_\_ Enjoy EglinLife \_\_\_ Other \_\_\_

***We appreciate the opportunity to help you with your vacation plans.***

***We will contact you as soon as possible to begin working on your request.***