



## Legacy Travel – Traveler Request Form

*Virgin Voyages Guest Information Form*

Full Legal Name (as on Passport or ID):	
Date of Birth:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Phone Number:	
Email Address:	
Mailing Address:	
Cruise Name/Ship:	Virgin Voyages – Scarlet Lady (or specify)
Sailing Date:	
Cabin Preference: <input type="checkbox"/> Interior <input type="checkbox"/> Ocean View <input type="checkbox"/> Balcony <input type="checkbox"/> Suite	
Preferred Roommate (if any):	
Passport Number:	
Expiration Date:	
Emergency Contact Name:	
Relationship:	
Phone Number:	
T-Shirt Size: <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL <input type="checkbox"/> 4XL	
Allergies or Dietary Restrictions:	
Special Requirements or Requests:	
Would you like a travel insurance quote? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Preferred Payment Method: <input type="checkbox"/> Credit Card <input type="checkbox"/> PayPal <input type="checkbox"/> Zelle <input type="checkbox"/> Other	

### Acknowledgment:

By signing below, I confirm that all information provided is accurate and understand that Legacy Travel will use this information solely for travel arrangements and communication purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Tanisha Allen | Legacy Travel**  
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# Legacy Travel – Credit Card Authorization Form

Please complete this form to authorize Legacy Travel to make payments on your behalf for travel arrangements.

Cardholder Name (as on card):	
Traveler Name (if different):	
Billing Address:	
City, State, ZIP:	
Phone Number:	
Email Address:	
Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
Last 4 Digits of Card:	
Authorized Amount (\$):	
Authorization for (describe payment):	
Signature:	
Date:	

I authorize Legacy Travel and its travel partners to charge the above amount to my credit card for travel-related services. I understand that charges may appear under the name of the travel supplier.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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