KING OF GLORY TRAVEL BOOKING WORKSHEET

The Transportation Security Administration (TSA) requires our customers to provide their full name, date of birth and gender when round-trip airline tickets are added to your vacation package.

Today'	s Date:							
	Full Legal	Name and Gender	Date of Birth					
1				Roommate must complete a registration form also				
2								
Address:								
City, State, Zip:								
Home Phone:								
Mobile Phone:								
E-Mail:								
Passport Number, Expiration Date, and State the passport was Issue:		SUBMIT A COPY OF YOUR PASSPORT						
Room Selection:		Single Occupancy\$3,295 per person Double Occupancy\$2,495 per person						
Emergency Contact Info		Name: Phone Number: Relationship to you:						
Special Request/Needs (Need to know ASAP)								
I/we are aware of any cancellation policies and agree not to dispute or attempt to chargeback any payments made towards our trip listed above. Scheduled payments are required Please initial, you agree with all the above terms and agreements.								
Please initial, you have read and agree to all of our Terms & Conditions with booking your travel package with King of Glory Travel that all payments are NON-REFUNDABLE/NON-TRANSFERABLE								
I/we are aware that King of Glory Travel Agency shall not be liable for any cancellation or otherwise caused by shutdown due to Covid-19, war or threat of war, riots, terrorist activity, industrial disputes, natural and nuclear disaster, fire, adverse weather conditions or technical problems due to schedule changes. Please initial, you agree with all the above terms and agreements.								

Please text to (561) 329 0566 or email: thekingofglorytravelclub@yahoo.com

E.J. KELLEY

Owner/Agent of KING OF GLORY TRAVEL 703 WATERVIEW DRIVE, PALM SPRINGS, FLORIDA 33461

Email: <u>THEKINGOFGLORYTRAVELCLUB@YAHOO.COM</u>
Website: <u>http://www.kingofglorytravel.org.</u>
561-329-0566 (Office mobile) (561 355-0549 (Fax)

Credit / Debit Card Authorization Form

	Cledit / Debit	. Caru A	utilonzation Fo	<u>/IIII</u>				
I,	, hereby authorize E.J. Kelley of King of							
Glory Travel Agency to o	charge my credit/c	debit ca	rd					
Card Number no		Expiration date:						
and your 3 or 4 security	/ code	from th	ne back or fron	t of your card in the amount of				
for the following services: THAILAND/INDONESIA 2026								
Please circle the type o	f card Discover	Visa	Master Card	AMEX				
Name:				(Name on the Card)				
Address:				(Billing address)				
City	 State	Zip						
Phone Number:		•						
Email:								
Cardholder's Signature:	·							
Date:								
REMINDER; 4% SERVICE	CE CHARGE WILL E	BE ASSO	CIATED WITH	THIS CREDIT/DEBIT CARD				