SSOMS
ROCKY MOUNTAINEER TRAIN JOURNEY
Registration Form
August 25-Sept. 2, 2027

Please complete this form. NO booking will be complete without this Form.

PLEASE PRINT.

Name: (Per passport) _____

Name you go by (Dr. Mr., Mrs): _____

Date of Birth: _____ Passport # _____

Passport expiration date _____

For guest (if applicable)

Name: (Per passport) _____

Name you go by: _____

Date of Birth: _____ Passport # _____

Passport expiration date _____

Airline Departure City-preference_____

Home Address

_____

City/State _____ **Zip** _____

Phone _____ **Mobile** _____

E-mail _____

Emergency Contact Name and Relationship (not traveling with you)

Name_____**relationship**_____

Email_____ **Phone** _____

Rooming With (if not listed above): _____

Deposit is 20% of total price and is NONREFUNDABLE. For Single Supplement Call for Pricing.

Air quotes available by early December 2026. Air from what airport _____?

Travel Insurance is available, call us for a quote on price (based on trip cost).

Custom Travel & Cruise strongly suggests that all clients have travel insurance.

I accept insurance _____(initial)

I decline insurance _____ (initial)

I, the undersigned, have been provided insurance information and decline.

Signature _____ (date) _____

Payment Methods:

Check ☐, If paying by check, please make check payable to Custom Travel & Cruise & mail to address below.

Credit Card: Type _____

CC # _____ Exp Date _____

Security # _____

Name on card (Print) _____

Signature _____

Credit Card Billing address, if different from above _____

_____

Please use above card for final payment when due. Yes ☐ or No ☐

Please give us just a little further information.

1. Do you have any physical ailments or special needs? Yes ☐ or No ☐

2. Are you celebrating any special occasion while on this trip? Yes ☐ or No ☐

If so, what?_____ date of event_____

3. Do you have trouble walking? Yes ☐ or No ☐

4. Do you have food allergies? Yes ☐ or No ☐ If so, please list. _____

5. Do you have friends or family that you would like a copy of the brochure?

If so, please list their e-mail or home address so that we can include them.

_____

_____

Return registration form to:

linda@customtravel-cruise.com or kabrina@customtravel-cruise.com or sarah@customtravel-cruise.com

or mail to:

Linda Kinsey Custom Travel & Cruise.

4494 Stratford Drive

Douglasville, GA 30135

For questions or more information call:
Linda Kinsey 770-949-1133 **Kabrina Means 305-903-3418**

COPY OF PASSPORTS

This page is for submission of a copy of your passports. This is vital to obtaining the correct information for your booking.

NOTE: Passports must be valid for more than 6 months prior to travel dates.