

MORE FREEDOM TRAVEL VACATION CLUB

PAY-CATION TRAVEL SHEET

Your Name _____

Phone _____ Cell _____ Fax _____

Email _____ DOB _____

Address _____

Pick A Location: _____

Pick A Date: _____

Pick 1 Type: _____ land, water, condo stay

Pick Person: _____ group or individual

Pick Vendor (if known): _____

Pick Date To Check Quote From Vendor: _____

Set Date and Time To Meet With Specialist or Trainer: _____

Number of Adults _____ Number of Children _____ (under 17 years)

Total Number Traveling _____

Secondary Family of Group Contact Name: _____ Phone _____

Cell _____ Fax _____ Email _____

Address _____