



Traveller Information Form*

AAT Kings Office: _____
Passenger Name: _____
Departure Date: _____

Booking Number: _____
Tour Requested: _____
Number in Party: _____

In order to assist our office with determining if this is the right choice in tour, please be sure to provide as much detail as possible

Emergency contact name/number: _____

Information Provided By: _____

Date Completed: _____

Email – reservations@aatkings.com or Fax: 714-456-0501

Please describe any special needs for accommodation(s) or other requirements:

Are there any details we should be aware of to better assist us in helping you select the perfect tour?

*AAT Kings strives to provide a safe, enjoyable and memorable travel experience. Please be aware, however, that some transportation services and accommodations may not be equipped to provide access and support to all individuals. Therefore, all passengers are requested to advise us, in advance, of any physical, medical or special needs, accommodations or requirements. This may include the need for a wheelchair or walking-assistance device, wheelchair access, need for supplementary oxygen or any other requirements. We try to accommodate all passengers, however, if we are unable to accommodate we reserve the right to recommend a more suitable itinerary. **Please see our brochure for our Terms and Conditions.**

Please return this completed form to AAT Kings Reservations Department at reservations@aatkings.com or via fax at 714-456-0501.

This form must be received by our office for review prior to deposit.