



SOUTH STAR TOURS, INC.
 P.O. BOX 12707 * Marina Del Rey, CA 90295
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CLIENT'S PERSONAL INFORMATION

In order to provide the best services to our clients, please complete this form and send it back to South Star Tours, Inc. via regular mail to our office address or via fax to (310) 542-1467 together with passenger's deposit.

The following information will ONLY be used for pertinent travel arrangements provided by South Star Tours, Inc. Please print CLEARLY. ONE per Family.

Invoice#: _____

Passenger's Name as shown in passport	Date of Birth	Passport number	Validity	Place of Issue

Mailing address: _____

City/ State/ ZIP CODE: _____ E-mail: _____

Home Ph# _____ Business Ph# _____ Fax# _____

Name of Travel Insurance Beneficiary (one only per policy): _____

Relationship: _____

Contact in case of Emergency: (name, phone & Address): _____

If applicable: Frequent Mile #: _____ Program: _____ Carrier: _____

If applicable, room type preference: 1 or 2 beds _____ Smoking _____ Non-Smoking _____

If applicable, air seat preference: Aisle _____ Window _____ Across-aisle _____

Special Request/ information or Diet: _____

Signature: _____ Date: _____

Thank you.