**ANGELINAS TRAVEL - REQUEST FORM**

|  |
| --- |
| **CONTACT INFORMATION** |
| **AGENCY NAME :**  |  |
| **CONTACT PERSON :** |  |
| **ADDRESS :** |  |
| **EMAIL :** |  |
| **OFFICE PHONE NUMBER :** |  |
| **MOBILE NUMBER :** |  |

|  |
| --- |
| **DATES INFORMATION** |
| **ARRIVAL DATE (DD/MM/YYYY) :** |  |
| **DAYS (1-15) :** |  |

|  |
| --- |
| **BUDGET PER PERSON** |
| **€** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DATE** (DD/MM/YYYY) | **HOTEL/CITY** | **BB/HB/FB** | **PAX** | **TRANSFERS**(PLANE,SHIP,BUS,LIMO) | **DESCRIPTION** | **GUIDES** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |