



Gateway Travel, LLC

NST2006-0249

Renaissance Aruba Resort & Casino

Event Dates, June 15-20, 2018

Name _____

Address _____ (No PO Box)

City _____ ST _____ Zip _____

Home Phone# _____ Cell# _____

Citizenship _____ E-mail: _____

Passport# _____ Expiration Date _____

Handicap needs/Medical needs _____

Emergency Contact Name _____

Emergency Contact Phone # _____

INSURANCE IS NOT INCLUDED IN THIS PRICE.

Name _____ AGE _____

Month/Day/Year of Birth _____ Insurance (Y/N) _____

Roommate Name _____

SIGNATURE _____



Gateway Travel, LLC

NST2006-0249

Credit/Debit Card Authorization Form

I, _____, hereby authorize Gateway Travel, LLC, and /or their appointed travel suppliers and couriers (e.g. FedEx) to make charges in the amount of \$_____ to my Credit/Debit Card for the purchase of travel, tours, events and/or shipping. The purpose of this form is to protect you, the card holder, from fraudulent use of your credit/debit card. This is a "single use" authorization meaning that it will only be used for the travel and shipping you stipulate and only up to a maximum amount you authorize.

Credit/Debit Card Type: VISA___ MasterCard___ American Express___
Discover___ Other___

Credit/Debit Card Number: ___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___
Verification Code ___/___/___
Expiration Date: ___/___/___

Billing Name (as it appears on credit/debit card): _____
(Please print)

Billing Address (where credit/debit card statements are sent to):

_____/_____/_____
City: _____ State: _____ Zip Code: _____

Daytime Telephone Number:(____)_____-_____
Evening Telephone Number(____)_____-_____

Cardholder Signature: _____
Date: ___/___/___

*****Please supply a photocopy of credit/debit card and driver's license or state identification card (front and back). The signature must be clearly visible on all copies.**

***A fee of \$35.00 will be assessed by Gateway Travel LLC for any non sufficient funds or charge backs.**