

Optimist International Housing and Travel Request Form



Whether you are Flying or Driving, please complete the following information and return no later than 21 days prior to date of travel.

Traveler's Name	Ill name as it annears on t	he government issued ID yo	u plan to use when trave	ling)
Address	-			
Daytime Phone				
Email:				
Do you have a medical condition requiring	special assistance of	or dietary needs?		
Will your spouse/guest be attending?	Yes 🗌 No			
Are you? Driving Elying				
	_			
HOUSING RESERVATIONS				
King Double/Double Arrival Da	ate:	Departure D	ate:	
The hotel requires a credit card number for a	ny incidentals.			
Credit Card Card Number Exp. date				
Creut Caru Caru Number _		Exp. ua		
AIRLINE RESERVATIONS (Complete	only if you need your air	line reservations made by C	Optimist International)	
What is the <i>estimated</i> distance from your house	to the airport?	Miles	Hours	ŝ
Airport leaving from (city, state or airport code): other nearby airports?				
Going to (city, state or airport code): other nearby airports?				
Gender 🗌 Male 🔲 Female	Date of Birth:	_ Month day	_ year	
Departure date:	Departure time:	Morning	Afternoon	Evening
Return date:	Departure ti	me: 🗌 Morning	Afternoor	Evening
Airline Preference:Frequent Fly	er#	Seat preference:	Aisle 🗌 Middle	Window
		ements made for your s	spouse/partner?	Yes 🗌 No
 Same flight information as above? Y Spouse Name 	es 🗌 No			
(Please enter your full name	as it appears on the governme	nt issued ID you plan to use when	traveling.)	
Gender 🗌 Male 🗌 Female	Date of Birth:	_ Month day	_ year	
Please include credit card information below f	for spouse travel.			
Name	Mastercard	Uisa Discover	r	
Card No	Exp. Date		Security Code:	

FAX, E-MAIL OR MAIL to arrive 21 days prior to date of travel to:

Sharon Parton, Meetings and Travel Manager

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