



TRAVEL REQUEST FORM

Telephone: 850-882-5930

Email: eglin.itt.travel@eglinitt.com

Name: _____ Date: _____

Phone #: _____ Email: _____

Billing address: _____

DoD status: _____ Florida Resident? _____

Travel Information

Party size: _____ Check in date: _____ Check out date: _____

Resort preference: _____

Guest's first & last names (list ages if under 18 yrs):

Will you be celebrating any special occasions ? _____ Yes _____ No

Special requests:

Special celebration: _____

Confirmation #: _____

How did you hear about us?

Customer Referral ___ Eglinlife.com ___ ITT Staff ___ Enjoy EglinLife ___ Other ___

We appreciate the opportunity to help you with your vacation plans.

We will contact you as soon as possible to begin working on your request.