



Kids On the Move for Success

Community Summit

Travel Request Form email to info@kotmfs.org or fax to:

(877) 895-9695
(470) 222-3410 (office)

Client Information

Passenger 1: _____

Street Address: _____ Mailing Address: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____ Business Phone: _____

Cellular Phone: _____ Fax: _____

Special Instructions for Contact: _____

Food Allergies: _____ How many child(ren): _____

Payment Plan or Full Payment: _____ How many seats: _____

Additional Passenger Information

Full Legal Name: DOB: Gender: Relation to Client: Adult/Children Special Notes:
(EX: John Paul Jones 01/01/1910 M Husband Adult Diabetic, Wheel chair)

1.

2.

3.

Hotel Information:

Hotel Partner: _____ Member Number: _____

Hotel Partner: _____ Member Number: _____

Hotel Partner: _____ Member Number: _____

Special Requests:

Future Travel Interests: (Hawaii Cruise, Australia Tour, Etc.)

Vacation Interests: (Camping, Fishing, Skiing< Tours, Cooking, Etc.)