



FLIGHT REQUEST FORM

UNIGLOBE WINGS TRAVEL

GENERAL INFORMATION:

Last Name: _____

First Name: _____

(Name must be **EXACTLY** as it appears on your Government Issued Photo ID that you will be using.)

Mailing Address:

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Phone Number: _____

(Airlines like to have cell phone numbers if you travel with one for schedule changes, delays, etc.)

Email Address: _____

(For electronic ticket receipt)

FLIGHT REQUEST INFORMATION:

Departing Airport: _____ Departing Date: _____

Departing time frame: _____

Returning from: _____ Return Date: _____

Returning time frame: _____

Airline preference: _____

Frequent flyer number: _____

Seat Preference: _____

We will do all possible to accommodate your requests.

Any other special information that we would need to know: _____

Please contact Uniglobe Wings Travel for your air reservations. Our office is open from 8:30 am to 5:30 pm, EST, Monday through Friday.

Phone: 215-628-3322 press 1 or 1 – 800-243-4370 press 1 --- Fax: 215-628-0310