

Smooth Winds Travel

Lead/Guest Reference Sheet

DATE: _____

NAME _____ PHONE #: _____

EMAIL: _____

ADDRESS: _____

RESORT: _____ Value ___ Moderate ___ Deluxe

CHECK IN: _____ CHECK OUT: _____ Flexible? ___ yes ___ no

ADULTS _____ CHILDREN 10 & up _____ CHILDREN 3-9 _____ CHILDREN under 3 _____

TICKET TYPE: _____ DINING PLAN TYPE _____

TRAVEL INS ___ yes ___ no MEMORY MAKER ___ yes ___ no BUDGET \$ _____

Names of Travelers

1 _____ Age/DOB _____ 6. _____ Age/DOB _____
 2 _____ Age/DOB _____ 7. _____ Age/DOB _____
 3 _____ Age/DOB _____ 8. _____ Age/DOB _____
 4 _____ Age/DOB _____ 9. _____ Age/DOB _____
 5 _____ Age/DOB _____ 10. _____ Age/DOB _____

Final Reservation Details

CONF# _____ LEAD GUEST _____

CHECK IN: _____ CHECK OUT: _____ NIGHTS: _____ DINING PLAN _____

RESORT/ROOM TYPE _____ TICKETS _____

EXTRAS: _____

PRICE \$ _____ COMMISSION: _____

CHECKLIST	DATE		DATE		DATE	
Confirmation		Dining Date		Dining Done		
Enter TESS		Genie+ Info		Genie+ added		
MDE set up Email		Transportation Set up		Transport Info		
Dates in Calender		Final Payment Date		Final payment made		
Booking PC		Magic Bands ordered		Magic Bands received		
Park Reservations		Travl Packet		Virtual How to Book		
Send off Text/email		Welcome Home email		Thank you Card		