

**LAS VEGAS BALLOON RIDES
BALLOONS OVER PAHRUMP
RESERVATION FORM**

Standard flight ___ Extreme Flight ___

BOOKING DATE-_____ FLIGHT DATE _____ Shared Basket ___ Private Basket ___

PASSENGERS

NAME _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____

NUMBER OF PASSENGERS _____

PASSENGER'S WEIGHTS _____

CREDIT CARD # _____

EX DATE _____ SEC # _____ E-MAIL _____

****MAKE SURE YOU CHECK IN WITH LAS VEGAS BALLOON RIDES THE NIGHT BEFORE YOUR FLIGHT BETWEEN 5PM AND 6PM.**

****CANCELLATION AND NO-SHOWS WITHIN 72 HOURS OF SCHEDULED OR RESCHEDULED FLIGHT DATE WILL RESULT IN CREDIT CARD BEING CHARGED FULL AMOUNT.**

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE 2 PREVIOUS STATEMENTS.

CUSTOMER SIGNATURE _____

REFERRAL INFORMATION

REFERRED BY _____

PHONE # _____ CELL # _____

ASSOCIATED WITH _____

HOW DID YOU HEAR OF US? _____

Please sign and email to:

**LAS VEGAS BALLOON RIDES/ BALLOONS OVER PAHRUMP
OFFICE—(702) 300-4008 doug1@lvballoonrides.com**