DORADO
Airport

FLIGHT RESERVATION

FLIGHT INFORMATION

Full Name :

Date of birth : / / **Gender** : ☐ Male ☐ Female

Place of Birth : **Nationality:**

Phone Number : **E-Mail** :

ID Number : **Passport number** :

Tittle : ☐ Miss ☐ Mr. ☐ Mrs. ☐ Dr.

☐ Morning

Departing from : **Date** :

☐ Afternoon

Arriving at : **Date** :

☐ Night

☐ Aisle seat

Disabilities. If yes, specify :

Seat preference : ☐ Long leg seat

Trip : ☐ One way trip

☐ Window seat

☐ Round trip

PASSENGERS DETAILS

Passenger 1

Name : **Nationality** :

Relationship : **Passport / Id number**:

Type : ☐ Adult (Ages 12 and above) ☐ Child (From 2 to 11 years old) ☐ Infant (ages below 2 years old)

Passenger 2

Name : **Nationality** :

Relationship : **Passport / Id number**:

Type : ☐ Adult (Ages 12 and above) ☐ Child (From 2 to 11 years old) ☐ Infant (ages below 2 years old)

More Information :

Av. El Dorado #103-9

+57 (601) 266 2000

https://www.eldorado.aero/

THANK YOU

Dorado Airport

Bogotá

LIVEWORKSHEETS



DORADO
Airport

FLIGHT RESERVATION

FLIGHT AVAILABILITY

Airline 1 :

It includes : ☐ Tickets ☐ Taxes ☐ Travel insurance ☐ Exhibition Fee

Final price : _____

Airline 2 :

It includes : ☐ Tickets ☐ Taxes ☐ Travel insurance ☐ Exhibition Fee

Final price : _____

PAYMENT DETAILS

☐ **Cash in** ☐ **Credit card** ☐ **Check**

Type of credit card :
☐ **AMEX**
☐ **Visa**
☐ **Master Card**

Credit Card Number : _____

Expiration Date : _____ / _____

Security Code : _____

This space is where you can share notes

Note :

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THANK YOU

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