

TO: TWC-Smoky Mountain Distributors-PF

FROM: Reservations Department Howie

PrintDate: 07/18/2024

New Tour Reservation Request

Requested Tour Date:	07/19/2024
Requested Tour Time:	10:00 am EST
Invoice Number:	207807
Manifest ID Number:	
Arrival Date:	07/18/2024
Departure Date:	07/21/2024
Last Name Primary Occupant:	Salisbury
First Name Primary Occupant:	Lakin
Secondary Occupant First Name:	Kevin
Secondary Occupant Last Name:	Slone
Nights:	3
Number in Party:	2
Date of Birth1:	11/12/1991
Date of Birth2:	10/26/1991
Number of Adults:	2
Number of Children:	0
Hotel Confirmation Number:	
Hotel Stay Location:	Days Inn by Wyndham
Primary Address:	103 calf hollow rd, Carrie
Primary State:	KY
Primary Zipcode/Postal:	41725
Cellphone:	(606) 497-5088
Homephone:	() -
Email Address Primary:	lakinslone91@gmail.com
Email Address Secondary:	
Marital Status:	Married
Age Primary Occupant:	33
Age Secondary Occupant:	33
Combined Income Level:	75,000 and 79,999
Has Major Credit Card:	Yes
Is Homeowner:	No
Primary Occupation:	Employed
Secondary Occupation:	Employed
Promo Name:	
Client Hotel Cost:	0.00
Client Hotel Price:	109.51

Note: