



## RESERVATION APPLICATION

NAME OF TOUR: \_\_\_\_\_

TOUR DEPARTURE DATE: \_\_\_\_\_ DEPARTURE CITY: \_\_\_\_\_

A Reservation Application and signature is required for **each** person traveling.

Print your name **exactly** as it appears/will appear **in your passport**. For "Title", indicate Mr., Mrs., or Ms.

NAME: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Title) (First Name) (Middle Name) (Last Name)

ADDRESS: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(No. & Street) (City) (State) (Zip Code)

PHONE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ EMAIL: \_\_\_\_\_  
(Home) (Cel) (Alternate)

MALE  FEMALE BIRTH DATE: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
(Month/Day/Year) (State and/or Country)

CITIZENSHIP (Country): \_\_\_\_\_ PASSPORT NO: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_  
(Passport must be valid for at least 6 months after return date. You may leave line above blank and advise when you receive your passport.)

NAME OF PHYSICIAN: \_\_\_\_\_ PH: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ RELATION: \_\_\_\_\_ PH: \_\_\_\_\_

ROOMMATE'S NAME: \_\_\_\_\_

ROOM TYPE PREFERENCE:  1 DOUBLE BED  2 TWIN BEDS  
(some accommodations have a limited number of twins, so we may have to alternate the allocation of these rooms)

SINGLES: If you do **not** wish to have a roommate, check here   
(some accommodations may offer single rooms for a premium price.)

FOOD ALLERGIES/PREFERENCE: \_\_\_\_\_

MEDICAL/PSYCHOLOGICAL CONDITIONS: \_\_\_\_\_

I have read the Tour Contract and agree to abide by the terms and conditions within.

Date \_\_\_\_\_ Printed Name \_\_\_\_\_ Signature \_\_\_\_\_