

TOUR RESERVATION FORM



TRAVEL INFORMATION

Tour Name: _____ Tour Date: _____

Reservation Agent: _____ Room Type Request: _____

PREFERENCES

Room Sharing:

- Single supplement for the additional cost quoted
- I will share a room with (enter other traveler's name)

Other Traveler's Name: _____

- I will share with another traveler (share not guaranteed)

Smoking Option:

- Non-Smoking
- Smoking

TRAVELER INFORMATION: TRAVELER 1

First Name: _____ Last Name: _____

Street Address: _____ City: _____

State: _____ Country: _____

Zipcode: _____ Phone Number: _____

Email: _____ Date of Birth: _____

Passport #: _____ Country of Issue: _____

Issue Date: _____ Expiration Date: _____

EMERGENCY CONTACT:

Emergency Contact First Name: _____ Emergency Contact Last Name: _____

Phone #: _____ Relationship to Traveler: _____