



Reservation Application

Name of Tour: _____

Tour Departure Date: _____

Departure City: _____

Category: _____

Applicant Information

Full Name: _____

AS APPEARS ON PASSPORT

(FIRST NAME)

(MIDDLE NAME)

(LAST NAME)

Address: _____

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone: _____

Email _____

Date of Birth: _____

(Month/Day/Year)

Gender: ☐ Male ☐ Female.

Place of Birth: _____

(State and/or Country)

Passport #: _____

Expiration date: _____

Are you a Citizen of the United States? ☐ YES ☐ NO If no, Country of Citizenship _____

Roommate's Name: _____

Date of Birth: _____

Gender: _____

Passport #: _____

Expiration date: _____

Address: _____

Would you prefer one double bed or two twin beds _____

Emergency Contact: _____

Payment Information

Please charge \$ _____ to my Discover/Visa/MasterCard

Exp. Date: _____

Account #: _____

CVC#: _____

Disclaimer and Signature

A signed reservation application validates that the participant has reviewed tour invoice and agrees to its terms and conditions. In addition, any false or misleading information on my application may be subject to penalties.

Signature: _____

Date: _____