



# RESERVATION FORM

4340 PIPPIN RD COOKEVILLE TN 38501-7809  
(Please Print)

931-372-8989

NAME: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Passport #: \_\_\_\_\_

BOX & STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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

I will join the tour at \_\_\_\_\_

ROOM-MATE(S) NAME: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Passport #: \_\_\_\_\_

NAME: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Passport #: \_\_\_\_\_

Accommodations:  Double  Triple  Quad  Single

TOUR PRICE \$ \_\_\_\_\_ X \_\_\_\_\_ (No. of Persons) = \$ \_\_\_\_\_

Early Bird Credit \$ \_\_\_\_\_ X \_\_\_\_\_ (No. of Persons) = \$ \_\_\_\_\_

Special Discounts \$ \_\_\_\_\_ X \_\_\_\_\_ (No. of Persons) = \$ \_\_\_\_\_

Gift Certificates \$ \_\_\_\_\_ X \_\_\_\_\_ (No. of Persons) = \$ \_\_\_\_\_

Total: = \$ \_\_\_\_\_

INSURANCE \$ \_\_\_\_\_ X \_\_\_\_\_ (No. of Persons) = \$ \_\_\_\_\_

AIRFARE \$ \_\_\_\_\_ X \_\_\_\_\_ (No. of Persons) = \$ \_\_\_\_\_

PORT/AIR TAX \$ \_\_\_\_\_ X \_\_\_\_\_ (No. of Persons) = \$ \_\_\_\_\_

LESS PAYMENT = \$ \_\_\_\_\_

Personal Check#: \_\_\_\_\_ BALANCE = \$ \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

OTHER REQUESTS: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Any form of payment indicates acceptance of all terms & conditions of the tour company, catalog pages 5-9.