



Reservation Form

ALL FIELDS ARE REQUIRED. One form per room. Guest must provide legal name as shown on Government Issued Photo ID. Any tour that includes border crossing will require a passport valid at least six months from trip return date.

Guest #1

Name: _____ Date of Birth: _____ Gender: **M or F** (circle one)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Citizenship: _____

Email: _____

Emergency Contact: _____ Relation: _____

Emergency Contact Phone: _____

Passport Number (if applicable): _____ Issue Date: _____ Expiration Date: _____

Guest #2

Name: _____ Date of Birth: _____ Gender: **M or F** (circle one)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Citizenship: _____

Email: _____

Emergency Contact: _____ Relation: _____

Emergency Contact Phone: _____

Passport Number (if applicable): _____ Issue Date: _____ Expiration Date: _____

Special Requests / Needs: _____

All Reservation forms must be accompanied by a deposit and completed Cancellation Waiver or Insurance form if guest is purchasing either.

Name of Group You are Traveling With: _____ Trip Date: _____

Trip Cost and Deposit Amounts are listed on the tour advertisement.

Per Person Cost of Trip: \$ _____ Deposit Amount you are sending: \$ _____

Number of people you are paying for: _____ Check enclosed in the amount of: \$ _____

By signing below, I verify that all information provided on this form is correct, including my legal name as shown on Government issued form of identification. I understand there may be additional fees imposed, or I may not be eligible to participate in this tour if any of the information is incorrect or results in a change. The information provided will be used for a reservation on this tour only.

Passenger Signature (required): _____ Date: _____