



exploretheworldtours

RESERVATION REQUEST

Today's Date [ ] Tour name [ ]

Tour Dates (from/to) [ ]

Names of all Guests as they appear on the passport

Table with 3 columns: Last name, First name, Middle name. Rows for Guest # 1, 2, 3, 4.

Address Street City State Zip Code

Home Phone [ ] Cell # [ ]

Email [ ] Fax # [ ]

Need airfare? Yes No Economy Business First

Send invoice through PayPal to [ ]

I will pay by Credit Card as follows:

Table with 5 columns: Type VI/MC/AX/, Name on Card, Card Number, Expires on, CVI code from back of the card.

By signing below you agree to our Cancellation Policy and Terms and Conditions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Note that your credit card will not be charged until the reservation is confirmed.

Please email this form to contact@exploretheworldtours.net or FAX to: 888.204.0381

