

# Ciao Roma Travel

PASSENGER RESERVATION FORM / CONTRACT

Destinations of Pilgrimage: Rome, Assisi, Florence Orvieto

Date of Trip: November 3-12, 2017

**TOTAL COST OF TRIP: \$3095-3295**

Single Supplement (Add \$600)

ENCLOSED IS MY NON-REFUNDABLE DEPOSIT OF \$500.00 PER PERSON.

Payable to: **Ciao Roma Travel**

## PILGRIM INFORMATION: PLEASE FILL IN ALL FIELDS

Name (as it appears/will appear on your passport)

First Name: \_\_\_\_\_ Full Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**U.S. Passport #:** (If you do not have a passport yet, please provide when available)

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

### ROOM ASSIGNMENT INFORMATION:

Male  Female  Age: \_\_\_\_\_ Special Diet or Medical Conditions: \_\_\_\_\_

Single Room (Add \$600) : YES \_\_\_\_\_ NO \_\_\_\_\_

Double Room: YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, name of roommate: \_\_\_\_\_

If you are traveling alone, are you open to having a roommate? YES \_\_\_\_\_ NO \_\_\_\_\_

### EMERGENCY CONTACT:

NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### TRAVEL INSURANCE:

Travel Insurance (optional, Additional cost) YES \_\_\_\_\_ NO \_\_\_\_\_ (If No, **sign** below.)

I hereby decline travel insurance and I understand that I am assuming any financial loss associated with my travel arrangements which otherwise may have been covered by travel insurance.

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

**(Signature required if declining insurance)**

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