

TOUR CONTRACT / RESERVATION FORM

TOUR NAME: _____

TOUR DATE: _____

General Information

First Name: _____

Last Name: _____

Mailing Address: _____

E-mail: _____

(Please verify your email address)

Home Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

Date of Birth - Month: _____ Year: _____

How did you hear about Well Arranged Travel? If it was from a web search, please tell us which search engine you used or the web site where you found us. Please also include the search Key Words you used. Thank you.

Do you have a passport? YES _____ NO _____

Your Name as it appears on your passport: _____

(Please be sure and check that your passport is current AT LEAST 6 MONTHS after the end date of the trip. If it expires sooner, you must get it renewed.)

Passport Expiration Date: _____

Doctor's Name and Phone Number: _____

Emergency Contact's Name & Phone Number: _____

Do you have any allergies or dietary issues?

Do you have any health issues or mobility limitations? _____ If yes, please describe.

(Please note that some of our tours involve a great deal of walking with city walking tours lasting 3 hours. In some parts of Italy and France, many of the hill towns have cobbled streets and some are very steep. To insure your touring experience is enjoyable, it is important for us to know about any of the mobility issues you may have.)

Please indicate if you want to share a room. Single room accommodation is available with additional cost. Note: There may be times when we are unable to find you a roommate and you will be charged the single supplement requirement. Note that we cannot guarantee a roommate or that a roommate already assigned to you will not change or cancel their plans.

Do you want to share a room on this trip? YES _____ NO _____

If yes, do you want to room with a friend or relative traveling with you? _____

Name of desired roommate: _____

Do you smoke? Yes _____ No _____

Payment

We accept CHECKS, MONEY ORDERS and CREDIT CARDS as payments. We accept Visa, Master Card and Discover ONLY. Reservation forms can be faxed into our office. While we do have a secure network server, if it makes you feel more comfortable you may mail this form to us via US Postal service. Our office fax number and address are found on the letterhead.

Name on Account: _____

Card Type: _____

Account #: _____ Expiration Date: _____

Security Code: _____

BILLING ADDRESS, if different than home address:

PLEASE NOTE THAT IF YOU ELECT TO PAY BY CREDIT CARD, WE WILL GO AHEAD AND

CHARGE YOUR CARD FOR THE FINAL PAYMENT OR BALANCE OF THE TOUR ON THE DUE DATE
YOU MUST ADVISE US AHEAD OF TIME IF YOU WANT TO MAKE ANOTHER ARRANGEMENT FOR THE
FINAL PAYMENT.

COST

Additional costs may apply for special requests. Examples: single supplement cost where applicable, additional hotel nights for early arrival or late departure, optional tours, etc.

TOUR COST Amt: _____

Amount Due Now to Reserve a Space Amt: **375 Euro.**

Subtotal after the deposit of 375 Euro - Amt: _____

Single Occupancy Supplement - Amt: _____

Additional Costs (if applicable):

Airport Transfers, Train Transfers - Amt: _____

Hotel Costs, if arriving early or staying after tour: _____

Additional Payment (Options) Amt: _____

Balance Due: _____

Deposit to reserve 1 space for the tour = 375 Euro. All deposits are non-refundable.
Final payments of remaining balances including costs of options are due 75 days before the tour
departs. The final payment is non-refundable at this point.* If you provided a credit card for the
deposit payment, we will charge this credit card automatically for the final payment. Advise us
ahead of time if you would like to set up a different method of payment.

NOTE: Total cost of the tour, including costs of all options elected, are due immediately for
reservations made 75 days or less from the departure date. All monies paid to Well Arranged
Travel are non-refundable from 75 days or less from the departure date.

*In the event of a tour cancellation by Well Arranged Travel, all payments made are refundable.

Travel Insurance - Questions? Call us: 1-866-513-3968
We highly recommend that you purchase travel insurance.

Insurance should be purchased immediately after you make a deposit on any
tours/payment on airline tickets or your pre-existing conditions may be excluded.
Consult the insurance company before purchasing. See the Travel Insurance
section of our website. We listed a few of the biggest insurance companies and their
telephone numbers. Please indicate your plans here:

Is there anything else we need to know? _____

Months before the trip you will receive lots of information from us about foreign currency/money, packing, basic things travelers should know about the place to be visited, etc., to help you get ready. Is there anything we can do to help you plan for this trip?

A Travel Document containing your day to day itinerary, hotel addresses and phone numbers, tour manager contact information, emergency numbers, etc. will be sent over to you approximately 3 weeks before the tour starts.

NOTE: YOU MUST INFORM US OF ANY CHANGE IN YOUR MEDICAL CONDITION SINCE YOUR INITIAL SIGN UP DATE. This includes all hospitalization and treatment since sign up date that may affect your ability to do our tour safely and comfortably.

I have read the Travel Policies of Well Arranged Travel, Inc. as published on their website. Please acknowledge by marking the 'YES' box and sign below. YES: _____

Signature: _____ Date: _____