The Women's Travel Group LISBON & MADRID Post Tour DECEMBER 2022

Reservation Form | Main Tour (Dec 17 - 22, 2022)

PLEASE SEND COPY OF FIRST 2 PAGES OF YOUR PASSPORT BY EMAIL OR FAX AND OF YOUR CDC VACCINATION CARD (ONLY US APPROVED VACCINES ACCEPTED)

Name as listed on Passport:					
First	Middle		Last		
Passport #:	Date of Issue:		Date of E	Expiry:	
Date of Birth:					
Preferred Departure City:			I would prefer a sin	gle Requesting a share	
Address:					
City:St	ate:	Zip	:	-	
Telephone: Day		Night		E-mail:	
In case of emergency please	notify:				
Name:					
Tel:	В	usiness:	-	Email:	
DIETARY or OTHER SPEC	AL NEEDS: _				
OPTIONAL MADRID EXTE	NSION	Single	Request share		
I accept/decline Travel I	nsurance -	Accept 🗌	Decline 🗌		
Click here for a Travel Ir	surance Qu	ote and to	confirm your insura	nnce purchase	
Please use the following	; link to auth	norize and pa	ay the deposit. http	os://sitatours.net/ccpayment/	•
Use Reservation #12172	2 Reservation	on Agent: Ra	alf		
Deposit amount USD 600 PP Balance due 60 days prior to departure					
I have read the Terms & Co	nditions whi	ich apply and a	gree to abide by the sa	me.	
Signature:				Date:	



For reservations & information, contact:

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