Women's Travel Group: Ancient Greece - Myths & Legends

Reservation Form | Main Tour (November 08- 14, 2021)
OPTIONAL SANTORINI POST-TRIP (November 14-17, 2021)

PLEASE SEND COPY OF FIRST 2 PAGES OF YOUR PASSPORT BY EMAIL OR FAX

First Middle Last	Name as listed on Passport:				
Date of Birth: I would prefer a single Requesting a share Address: City: Zip: Telephone: Day Night E-mail: In case of emergency please notify: Name: Relationship: Tel: Business: Email: DIETARY or OTHER SPECIAL NEEDS: OPTIONAL SANTORINI POST-TRIP Single Sharing	First	Middle	Last		
Preferred Departure City:	Passport #:	Date of Issue:	Date of I	Expiry:	
Address: City: State: Zip: Telephone: Day Night E-mail: In case of emergency please notify: Name: Relationship: Tel: DIETARY or OTHER SPECIAL NEEDS: OPTIONAL SANTORINI POST-TRIP Single Sharing	Date of Birth:				
City: State: Zip: Telephone: Day Night E-mail: In case of emergency please notify: Name: Relationship: Tel: Business: Email: DIETARY or OTHER SPECIAL NEEDS:	Preferred Departure City:			ngle Requesting a share	
Telephone: Day Night E-mail: In case of emergency please notify: Name: Relationship: Tel: Email: DIETARY or OTHER SPECIAL NEEDS: OPTIONAL SANTORINI POST-TRIP Single Sharing	Address:				
In case of emergency please notify: Name:	City: S	tate:	Zip:	-	
Name:	Telephone: Day	Night	·	E-mail:	
Tel:	In case of emergency please	notify:			
OPTIONAL SANTORINI POST-TRIP Single Sharing	Name:	Relationship:			
OPTIONAL SANTORINI POST-TRIP Single Sharing	Tel:	Business: _	- -	Email:	
	DIETARY or OTHER SPEC	CIAL NEEDS:			
I accept/decline Travel Insurance - Accept Decline	OPTIONAL SANTORINI P	OST-TRIP Single	Sharing		
• • • • • • • • • • • • • • • • • • • •	• *	•			
Click here for a Travel Insurance Quote and to confirm your insurance purchase	Click here for a Travel I	nsurance Quote and	d to confirm your insur	ance purchase	
Please use the following link to authorize and pay the deposit. https://sitatours.net/ccpayment/	Please use the following	रु link to authorize ar	nd pay the deposit. htt	ps://sitatours.net/ccpayment/	
Use Reservation #110821 Reservation Agent: Maryb	Use Reservation #11082	1 Reservation Agen	t: Maryb		
Deposit amount USD 500 PP Balance due 60 days prior to departure	Deposit amount USD 500	PP Balance due 60 day	ys prior to departure		
I have read the Terms & Conditions which apply and agree to abide by the same- https://sitatours.com/wtg-terms-conditions-greed	I have read the Terms & Cond	ditions which apply and a	agree to abide by the same-	https://sitatours.com/wtg-terms-conditions-greece	
Signature: Date:	Signature:		·	Date:	



For reservations & information, contact:

SITA World Tours | Mary Barnett

Tel 800.421.5643 x 1518 • Fax 866.234.8786

E-mail maryb@sitatours.com • Web www.sitatours.com

16250 Ventura Blvd. Suite 300, Encino, CA 91436

CST# 2003643-40

BC Registration # 2660