

# The Quaintest Villages of the Alps

Please register me for:

- LMGH18: July 12 - 24, 2018 • \$3,799
- Single Supplement \$600

## Passenger Information (1<sup>st</sup> Traveler)

Please record information exactly as it appears on your passport. Passport information may be sent later if you have yet to obtain a passport.

**Legal Name:** \_\_\_\_\_

(Name for name badge): \_\_\_\_\_

**Passport #:** \_\_\_\_\_

**Passport Exp. Date:** \_\_\_\_\_

**Passport Authority:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_

**Dietary Needs:** \_\_\_\_\_

## Passenger Information (2<sup>nd</sup> Traveler)

Please record information exactly as it appears on your passport. Passport information may be sent later if you have yet to obtain a passport.

**Legal Name:** \_\_\_\_\_

(Name for name badge): \_\_\_\_\_

**Passport #:** \_\_\_\_\_

**Passport Exp. Date:** \_\_\_\_\_

**Passport Authority:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_

**Dietary Needs:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Work phone/cell:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Sleeping Preference** (circle one): Double bed    Twin Beds

**Roommate name:** \_\_\_\_\_ **OR Single supplement:** \_\_\_\_ Yes    \_\_\_\_ No

## Travel Insurance (please check one)

- I wish to purchase a travel protection plan and have included the premium with my deposit.
- I wish to decline the travel protection plan offered.

## **Deposit Payment Information** (payments made by credit card will incur a 3% surcharge)

- Enclosed is my \$ \_\_\_\_\_ deposit and insurance premium (if applicable). **Make checks payable to Blue Horizon Travel.**
- Please charge \$ \_\_\_\_\_ deposit and insurance premium (if applicable) to my Discover/MasterCard/Visa

**Credit Card Number:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Card ID Code:\*** \_\_\_\_\_ *\*last 3 digits in signature box on the back of the card*

\_\_\_\_\_ Initial to acknowledge you understand that Federal law prohibits the carriage of certain hazardous materials in your luggage or on your person aboard aircraft and could result in a fine or imprisonment. Visit [www.tsa.gov](http://www.tsa.gov) for more information.

Prices in this brochure were effective on 6.26.17. By signing below, I understand that price changes are possible at the time of final invoicing, due to exchange rates, an increase in carrier charges, fuel costs, taxes and tariffs, and the number of passengers traveling in the group. I agree to the terms and conditions of this tour.

**Signature of 1<sup>st</sup> traveler:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of 2<sup>nd</sup> traveler:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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6.26.17 land only