## **Travel Associates**

## Phone and Fax (512) 869-8629

## email: <a href="mailto:nstinemas5@aol.com">nstinemas5@aol.com</a> / website:stinetravelassociates.com

**Reservation Form – Please Print** 

Please complete the reservation form and return it with your payment (check payable to Travel Associates) send to Travel Associates, 100 Hollyberry Lane, Georgetown, Texas, 78633

Tour Name:	Cost per person:
Date of Tour:	Number of persons:
Deposit (per person):	X Number of persons: = \$

Please P	rint Carefully	Inaccurate	e information will re	sult in tra	avel delay	/s and/or a	airline c	hange	fees.
FIRST PASSE	NGER	SECOND PASSENGER							
First/Middle			(on DL)	First/Mi	iddle				(on DL)
Last		(on DL) Last (on DI					(on DL)		
*Tour Badge	e Name			* Tour	Badge Na	me			
Date of birth	n (M/D/Y)			Date of	birth (M	/D/Y)	/	/	
<u>Male</u>	or Femal	le		Male	or	Female			
P.O.Box				P.O.Box					
Street Addre	ess			Street /	Address_				
<u>City</u>		State		City			State		
<u>Zip E</u>	mail			Zip	Email				
Phone		Cell#		Phone			Cell#		
			ALL ROOMS ARE N	ON-SMO	KING				
Circle One:	Single (1 be	d) Do	uble (2 beds, 2 peop	ple)	King (1	bed, 2 pe	ople) if a	availal	ble

## **Insurance Notification**

We highly recommend Travel Insurance because of the penalties imposed by airlines, railroads, motorcoach companies, cruise lines, tour operators and individual suppliers.

We offer Allianz Travel Insurance. We will provide a quote at your request (please provide your birth date). If you don't purchase travel insurance from Allianz or another company I cannot guarantee any refunds should you need to cancel. If you purchase trip insurance from Allianz you will be covered for existing medical conditions if you purchase your insurance within 14 days of your initial trip deposit. Airline tickets may be purchased with your deposit. Most tickets are nonrefundable or have expensive change fees. I have read and understand the Insurance Notification. Please initial \_\_\_\_\_ Date:

PASSPORT INFORMATION	(IF APPLICABLE)
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YOUR NAME AS IT APPEARS ON YOUR PASSPORT\_

PASSPORT\_NUMBER\_\_\_\_\_\_. ISSUE DATE\_\_\_\_\_. EXPIRE DATE\_\_\_\_\_.

EXPIRE DATE CAN BE NO EARLIER THAN 6 MONTHS AFTER THE END OF YOUR TRIP.