

Our group's travel agent is **Vicki Aubert**. She is also our recommendation for arranging necessary medical and trip insurance, flights, and any other excursions, tours, or extensions you desire. **Vicki@PassportAndGo.com | +1-802-505-1055**.

**A deposit of 20% per person is required to secure your reservation on this tour. We can only hold an available seat for up to 48 hours without a deposit. Final payment is due** August 1, 2020 . Partial payments are accepted up by cash, check, or credit card until this day. Complete the registration form and pay 20% deposit with credit card online via PayPal ([www.AppetiteToTravel.com/paynow](http://www.AppetiteToTravel.com/paynow)). Or you may mail a completed registration form, a photocopy of your passport, and a check payable (the cash discount applies to payments by check) to Appetite To Travel for France 2020 **MAIL TO:**

*Appetite to Travel*  
P.O. Box 4181  
Bryan, Texas 77805

**YOUR INFORMATION:** Clearly print your full name (first/middle/last) **as it appears on your government issued travel documentation.**

**IMPORTANT:** In order to avoid any unnecessary change fees, it is imperative that all guest names are entered correctly from the start. The information below must be the legal name and be 100% identical to the ID being used to travel <passport> including middle names or suffixes <Jr, Sr>. Traveler information that is not correct can void the ticket and prevent boarding. \$50 fee for any changes after registration.

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_

Nickname: \_\_\_\_\_ Gender: ( ) Male ( ) Female Date of Birth: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Expiration Date: (month/day/year) \_\_\_\_\_ Date of Issuance: (month/day/year) \_\_\_\_\_

City, State, Country of Issuance: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Known traveler/TSA/ Global Entry# \_\_\_\_\_

**Should you become ill or injured, whom should we contact (not traveling with you):** \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Passenger #2:**  Check if address is the same as Passenger #1, if not, please indicate via email

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Expiration Date: (month/day/year) \_\_\_\_\_ Date of Issuance: (month/day/year) \_\_\_\_\_

City, State, Country of Issuance: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Known traveler/TSA/ Global Entry# \_\_\_\_\_

Air Seat Request: ( ) Aisle ( ) Window ( ) Next To Traveling Companion

Cannot guarantee your seat preference. If you have not purchased air and wish to purchase transfers, you must provide your flight info at least 30 days prior to travel. Please be advised, when traveling as part of a group, many airlines do not provide seat assignments. Preferred seating may be available for an additional charge.

\*Federal law forbids carriage of hazardous materials such as aerosols, fireworks, lithium batteries & flammable liquids aboard the aircraft in your checked or carry-on baggage. A violation can result in 5 years' imprisonment and penalties of \$250,000 or more. Details on prohibited items may be found on TSA's "prohibited items" web page: <http://www.tsa.gov/traveler-information/prohibited-items>.

**TRAVEL PROTECTION:** ( ) Yes, I wish to purchase *health insurance* ( ) No, I decline

**Travel medical insurance**, separate from health insurance, is required by many of our vendors and must be purchased with this tour.

**ACCOMODATIONS:** Please check one ( ) Traveling as one, will pay single supplement charge (see itinerary for details)

( ) Couple or friends – please indicate name \_\_\_\_\_ Preference: ( ) double bed ( ) single beds

**Credit Card:**

Insurance Amount: \$ \_\_\_\_\_ Deposit Amount: \$ \_\_\_\_\_ Total payment processed: \$ \_\_\_\_\_

Cardholder Name : \_\_\_\_\_

Cardholder Billing Address:  Check if address is the same as above \_\_\_\_\_ CVV code: \_\_\_\_\_

Cardholder Phone: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
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**SIGNATURE REQUIRED** for acceptance of the below conditions and agreement to credit card use:

Date: \_\_\_\_\_

I agree to pay according to the card issuer agreement. I understand and accept the cancellation policy, terms and conditions.

**Important Conditions:** Your price is subject to increase prior to the time you make full payment. Your price is not subject to increase after you make full payment, except for charges resulting from increases in government-imposed taxes or fees. Registration is not complete without copies of valid passports. Registration form must be completed in full by the actual traveler. Upgrades may be requested at the time of check-in only.