

Tour name

www.internationaltourco.com

P.O. Box 23, Cloverdale, VA 24077; 540-404-1918

Please complete the reservation form and return it with payment.

Make check payable to International Tour Company.

Tour date	
Deposit per person \$ X No. of travelers =	Deposit total \$
Payment Method CheckMastercard	_VisaDiscover
If paying by credit card, please go to www.internationaltourco.com to make your payment. (Additional 3%, nonrefundable) Please carefully fill out all of the following information (even if flights are not included on the tour).	
First/Middle Name	First/Middle Name
Last Name	Last Name
Passport No.	Passport #
Country issuing passport	Country issuing passport
Passport date (MM/DD/YYYY)/	Passport date (MM/DD/YYYY)//
Expiration date (MM/DD/YYYY)/	Expiration date (MM/DD/YYYY)/
Date of birth (MM/DD/YYYY)	Date of birth (MM/DD/YYYY)
Male Female	Male Female
P.O. Box	P.O. Box
Address	Address
City State	City State
Zip code Phone	Zip code Phone
Email	Email
Global Entry #	Global Entry #
Known Traveler #	Known Traveler #
Room (check one) Single (1 bed) Double (1 be	d, 2 people) Twin (2 beds, 2 people)
Emergency contact not traveling with you	Emergency contact not traveling with you
Emergency contact not traveling with you Name	Emergency contact not traveling with you Name
	Phone
Phone	Filotie
My signature below verifies that I have read, understand and agr	ee to International Tour Company's Terms and Conditions.
In addition, my signature below verifies that I have read and under	erstand the tour itinerary and what is included on this tour.
My signature below also verifies that I understand that I may pure	chase travel protection insurance from International Tour Company
or from another source.	
Signature Required	Signature Required
First passenger	Second passenger