

# GROUP TRAVELER RESERVATION FORM



Organization name: \_\_\_\_\_

Group Coordinator name: \_\_\_\_\_ / \_\_\_\_\_  
(CUSTOMER ID NUMBER)

## Tour selection

Name of tour: \_\_\_\_\_

Departure date: \_\_\_/\_\_\_/\_\_\_ Departure city: \_\_\_\_\_  
MM DD YY

I would like to purchase the tour extension offered by Go Ahead Tours.  Yes  No

I would like to purchase the following optional excursions: \_\_\_\_\_  
\_\_\_\_\_

## Traveler Information:

**Traveler 1:** \_\_\_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_ Tel: (\_\_\_\_)\_\_\_\_\_  
(FIRST AND LAST NAME AS IT APPEARS ON PASSPORT) MM DD YY

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

Email address: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Tel: (\_\_\_\_)\_\_\_\_\_

**Traveler 2:** \_\_\_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_ Tel: (\_\_\_\_)\_\_\_\_\_  
(FIRST AND LAST NAME AS IT APPEARS ON PASSPORT) MM DD YY

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

Email address: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Tel: (\_\_\_\_)\_\_\_\_\_

## Accommodations:

**2 Twin beds**  **Double bed** (one bed for two)  **Single room** (single supplement charges apply)  **Cabin Category** \_\_\_\_\_

Roommate name: \_\_\_\_\_

Land & Sea: Cruise Dining Preference:  **Early Seating**  **Late seating** Table for:  **2**  **4**  **6**  **8**

## Insurance:

I would like to purchase the following travel protection:

**TravelSafe Gold package** or select from the following:  **Medical**  **Baggage & Property**  **Trip Interruption/Cancellation**

(I understand that by selecting and paying for the TravelSafe Plan with my reservation fee, I will receive added benefits under Efekta Insurance International Ltd.'s special Anytime Travel Protection Plan. Please see TravelSafe Plan booklet for coverage details and prices.)

## Payment information:

Reservation fee: \$ \_\_\_\_\_ + Insurance fee: \$ \_\_\_\_\_ = Total payment due: \$ \_\_\_\_\_

(Reservation fee: \$300 per person on land tours or \$450 per person on land & sea/customized/private tours)

I have enclosed a **check or money order** for the total fee of: \$ \_\_\_\_\_

(Please include the names of all travelers on your check or money order.)

I authorize you to charge my **credit card** for the total fee of: \$ \_\_\_\_\_

MasterCard  Visa  American Express Card number: \_\_\_\_\_ Exp. date: \_\_\_/\_\_\_/\_\_\_  
MM DD YY

Cardholder name: \_\_\_\_\_ Cardholder signature: \_\_\_\_\_

## Terms & Conditions:

I/we understand and accept all terms and conditions of the agreement pertaining to the tour as described in the enclosed "Terms and Conditions" form.

Signature (TRAVELER 1) \_\_\_\_\_ Date \_\_\_\_\_

Signature (TRAVELER 2) \_\_\_\_\_ Date \_\_\_\_\_