

# 2017 RESERVATION APPLICATION

(Fill out a separate application for each traveler. When finished - print out, initial, and sign.)

NAME OF TOUR: NORTHVIEW ADULT TOUR OF BRITISH ISLES  TOUR & AIR  TOUR ONLY

TOUR DEPARTURE DATE: August 09, 2017 DEPARTURE CITY: \_\_\_\_\_

EARLY DEPARTURE/LATER RETURN/EXTENSION REQUESTS (please indicate extension hotel requests, if applicable): \_\_\_\_\_

- A Reservation Application and signature is required for **EACH** person traveling. (see reverse for duplicate copy of this form)
- Type or print **name exactly** as it appears/will appear in **your passport**. Yes, we do need the Birth Date for each participant.

NAME: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

ADDRESS: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(No. & Street) (City) (State) (Zip Code)

PH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
(Area Code) (Home) (Alternate) (Optional)

GENDER:  MALE  FEMALE BIRTH DATE: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
(Month/Day/Year) (State and/or Country)

CITIZENSHIP (Country): \_\_\_\_\_ PASSPORT NO: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_  
(Passport must be valid for at least 6 months after return date. You may leave line above blank and advise when you receive your passport.)

NAME OF PHYSICIAN: \_\_\_\_\_ PH: \_\_\_\_\_ / \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ RELATION: \_\_\_\_\_ PH: \_\_\_\_\_ / \_\_\_\_\_

ROOMMATE'S NAME: \_\_\_\_\_ ROOM TYPE:  1 DOUBLE BED  2 TWIN BEDS  TRIPLE

SINGLE ROOM - If this box is checked, please read 'Are Single Rooms offered?'

NAME(S) OF TRAVELING COMPANION(S) (if applicable): \_\_\_\_\_

**Travel Insurance** (Please check one of the options within this box. This insurance only covers U.S. citizens or residents.)

Review the "Description of Coverage" at [www.tripmate.com/wpF432i](http://www.tripmate.com/wpF432i)

- I wish to purchase the Image Tours Travel Protection Plan and have included the premium with my deposit.
- I wish to decline the Travel Insurance offered through Image Tours, Inc.

INITIAL

Initial to acknowledge you understand that Federal law prohibits the carriage of certain hazardous materials aboard aircraft in your luggage or on your person and could result in a fine. (See "Hazardous Materials Notice" on page 15).

**Please select only one of the following three payment options for deposit:**

- My payment information is noted with my travel companion's payment information
- Enclosed is my \$ \_\_\_\_\_ non-refundable deposit and insurance premium (if applicable). Make checks payable to travel agency.
- Please charge \$ \_\_\_\_\_ (**Non-refundable DEPOSIT and INSURANCE ONLY**) to my Discover/Visa®/MasterCard®

**Important:** For full or final payments, request a Final Invoice for credit card authorization.

Exp. Date: \_\_\_\_\_ Account #: \_\_\_\_\_ CVC# \_\_\_\_\_

Billing Address if different than above: \_\_\_\_\_

**I have read the IMAGE TOURS BROCHURE pertaining to this tour and I understand and accept its contents, including FAQ, Physical Condition Guidelines, and Tour Contract. Tour & Air Inclusive Price is subject to change until paid in full.**

SIGNATURE OF PERSON TRAVELING: \_\_\_\_\_ **SIGN HERE**

(Please sign full name, as it appears / will appear in your passport. If traveler is under 18, legal guardian must also sign.)

PRINT & SIGN CARD HOLDER'S NAME (if different than above): \_\_\_\_\_

I FOUND OUT ABOUT THE TOUR FROM: \_\_\_\_\_

## FOR TRAVEL AGENT COMPLETION:

Res ID: \_\_\_\_\_ IATAN #: \_\_\_\_\_

Ph: 616-957-1000 Fax: 616-957-2610

Agent's Full Name: MONIQUE KASMAUSKIS or RACHEL NAJAR

Agent's Email Address: nhs@imagetours.com

Travel Agency Name & Address

NORTHVIEW ADULT TOUR  
IMAGE TOURS INC  
2828 KRAFT AVE. SE STE 290  
GRAND RAPIDS, MI 49512