

2010 OBERAMMERGAU *Passenger Reservation Form Contract*

PLEASE RESERVE SPACE for the following passengers:

Enclosed is my/our initial deposit of \$1000.00 per person which I/we understand that \$500.00 is non-refundable and the other \$500.00 is non-refundable by Sep. 1. OPTIONAL Travel Insurance starts from \$250.00 depending on package chosen.

PROGRAM or GROUP NAME: _____

TRAVEL DATES: _____

GATEWAY: _____

No, I/WE dont want travel insurance.
pls. initial here:

PASSPORT NAME: (Passport copy required before your airline ticket can be issued!)

(Each individual MUST fill out a separate form EXCEPT husband and wife & those living in the SAME address. Indicate your NAME as it appears "exactly" on your passport. Please refer to your passport if not sure. A fee of \$50.00 will be assessed if ticket needs to be re-issued based on incorrect information.)

PILGRIM #1
(SURNAME) LAST: _____

PILGRIM #2
(SURNAME) LAST: _____

(GIVEN) FIRST: _____

(GIVEN) FIRST: _____

AGE: _____

What do you want to be called on the trip?
(your NICKNAME)

Phone Numbers: _____

AGE: _____

What do you want to be called on the trip?
(your NICKNAME)

Phone Numbers: _____

h _____ w or c _____

Handicap information: _____

h _____ w or c _____

Handicap information: _____

MAILING ADDRESS:

City: _____ State: _____ Zip Code: _____

EMERGENCY CONTACT: Name/Relationship: _____

All telephone numbers: _____

SHARING A ROOM: (The advertised price is based on double occupancy meaning 2 people in a room.)

This box should be filled out **ONLY** if your roommate has a different mailing address.) Double Room and/or Triple Room

SINGLE Room, please!

Name of Roommate (if applicable): _____

Find me a Roommate, please! (We do NOT guarantee that we can find you a roommate. Please read our Terms & Conditions.)

Information will be kept confidential. (circle one)

Are you a SMOKER or NON-SMOKER? Yes No Dont know

(additional \$100.00 per night +/- depending on hotel used & based on availability)

ALL PACKAGES MUST BE PAID 120 days

prior to departure date.

We can only guarantee advertised prices when the pilgrimage package is paid in full.

IF SIGNING UP AFTER 120 days prior to departure date, please send:

FULL PAYMENT + \$50.00 late fee pp + any addnl charges imposed by the airline or hotels. (We have contracted group seats & we must abide by their STRICT regulations & deadlines.)

if group seats are gone, you may still go but regular airline seat fares will apply which could cost up to \$500.00 more.

HOW DID YOU HEAR ABOUT US?

(so we can thank them)

IMMIGRATION STATUS: Are You a U.S. Citizen? (circle one)

If you answered "NO", pls. specify country of citizenship? _____

NOTE: Non-US citizens are to check with their individual Consulate or Embassy for visa requirements to the countries that you have chosen. TRAVEL INSURANCE is a requirement to obtain your visa.

FIAT PILGRIMAGES INC., is NOT responsible for VISA procurement nor the timely approval of all issuing Consulates.

Pilgrim #1 YES or NO

Pilgrim #2 YES or NO

Our/My signature indicates that we/I have read and agree to ALL the Terms and Conditions indicated in this flyer. Reservation Forms not signed will **NOT** be accepted. (I/we also agree to pay a \$50.00 late fee per passenger which will be applied to my invoice if I/we am/are joining past the deadline date. I/we also agree to pay my/our balance 120 days prior to departure or I/we forfeit the space.)

Signature of Pilgrim #1: _____ Date: _____

Signature of Pilgrim #2: _____ Date: _____

PLEASE MAKE ALL CHECKS PAYABLE TO FIAT PILGRIMAGES INC.,
916 N. Western Avenue, Suite 225, San Pedro, CA 90732
Tel. No. 310-732-0101 Fax. No. 310-832-3028

(040109fp)

