

Passenger Reservation Form Contract (through the internet)

PLEASE RESERVE SPACE for the following passengers:

I/We would like to join the following pilgrimage. Enclosed is my/our non-refundable initial deposit of \$1000.00 per person. (Please call our office regarding travel insurance premium. Travel Insurance cannot be purchased after you have made your initial deposit.)

TRAVEL DATES:	AIRPORT:	OPTIONAL PRE-TOUR or POST-TOUR	No, I/WE dont want travel insurance. pls. initial here:
----------------------	-----------------	---------------------------------------	---

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

(Each individual MUST fill out a separate form EXCEPT husband and wife & those living in the SAME address. Indicate your COMPLETE NAMES as it appears "EXACTLY" on your passport. NEW airline regulations now require that EVERYTHING MUST MATCH or you will be denied boarding! Pls. refer to your passport if unsure.)

PILGRIM #1 (SURNAME) LAST: _____ (GIVEN) FIRST/MIDDLE: _____ AGE: _____ Phone Numbers: _____ h _____ w Or c _____ Handicap information: _____	What do you want to be called on the trip? (your NICKNAME)	PILGRIM #2 (SURNAME) LAST: _____ (GIVEN) FIRST/MIDDLE: _____ AGE: _____ Phone Numbers: _____ h _____ w Or c _____ Handicap information: _____	What do you want to be called on the trip? (your NICKNAME)
--	---	--	---

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

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 Do you SNORE? Yes No Dont know

SINGLE Room, please!

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

ALL PAYMENTS MUST BE RECEIVED 90 days before departure date.

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

IF SIGNING UP AFTER the above 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



HOW DID YOU HEAR ABOUT US?

(so we can thank them)

EMAIL ADDRESS:

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 country that they are travelling to. TRAVEL INSURANCE is a requirement to obtain your visa. Passports must be valid 6 months from your return date!

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

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 less than 90 days prior to departure date. I/we also agree to pay my/our balance 90 days prior to departure date.)

Signature of Pilgrim #1: _____ Date: _____

Signature of Pilgrim #2: _____ Date: _____

Pilgrim #1
YES or NO

Pilgrim #2
YES or NO

PLEASE MAKE ALL CHECKS PAYABLE TO FIAT HOLIDAYS

916 N. Western Avenue, Suite 225, San Pedro, CA 90732

Tel. No. 310-832-FIAT (3428) or 888 SAYFIAT Fax. No. 310-832-3028

(120112fh)