

2012 Passenger Reservation Form Contract

I/WE want to join the pilgrimage as follows: _____

Gateway: _____ CHAPLAIN: _____

Enclosed is my/our initial deposit of _____ per person (to be given to you by FIAT HOLIDAYS staff) which includes the non-refundable insurance deposit.

TRAVEL INSURANCE COVERAGE:
send the following premiums with your deposit

(Insurance cannot be purchased
AFTER Res Form has been submitted)

Premium amount will be given to you by
FIAT staff.
I/WE do NOT want insurance.
Pls. initial here: #1P _____ #2P _____

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

(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: _____ (GIVEN) FIRST: _____ AGE: _____

Handicap information: _____

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

PILGRIM #2
(SURNAME) LAST: _____ (GIVEN) FIRST: _____ AGE: _____

Handicap information: _____

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

MAILING ADDRESS: _____

City: _____ State: _____ Zip Code: _____

PILGRIM #1:

PILGRIM #2:

Phone Numbers:
home: _____ work or cell _____ w or c _____

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

SINGLE Room, please!

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

HOW DID YOU HEAR ABOUT THIS PILGRIMAGE?
(so we can thank them)

IMMIGRATION STATUS:

Are You a U.S. Citizen? (circle one) If you answered "NO", please specify country of citizenship. _____

Pilgrim #1
YES or NO

Pilgrim #2
YES or NO

FULL PAYMENT MUST BE IN OUR OFFICE 90 days before departure

We cannot guarantee the advertised price if full payment is not received by the above date. AFTER the above date, send additional: + \$50.00 late fee pp + any addnl charges imposed by the airline which will be quoted to you by our staff. (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.

For other nationalities, please check your individual Consulate or Embassy for visa requirements to the country you are visiting.

Please allow 8 weeks processing time for your VISA application.

TRAVEL INSURANCE is a requirement to obtain your visa.

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

Passports must be valid 6 months to your arrival date at your destination.

Our/My signature indicates that we/I have read and agree to 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 or if the balance is NOT paid in full 90 days before departure.)

Signature of Pilgrim #1: _____ Date: _____

Signature of Pilgrim #2: _____ Date: _____

PLEASE MAKE ALL CHECKS PAYABLE TO FIAT HOLIDAYS
916 N. Western Avenue, Suite 225, San Pedro, CA 90732
Tel. No. 888-SAY FIAT or 310-832-FIAT Fax. No. 310-832-3028

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