



# Reservation Form

**Tour Name:** \_\_\_\_\_ **Tour Date:** \_\_\_\_\_

Please complete one form for each individual traveler.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Rooming with: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Information: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Tour Price: \_\_\_\_\_ Deposit Amount: \_\_\_\_\_ Insurance: Yes/No \_\_\_\_ (paid with deposit)

Final Payment Amount \_\_\_\_\_

Deposit Due Date: \_\_\_\_\_ Final Payment Due Date: \_\_\_\_\_

Payment Information: Circle One: Deposit Final Payment

Amount of payment: \_\_\_\_\_ Check Number: \_\_\_\_\_ Cash: \_\_\_\_\_

*Make checks payable to: Premier Tours Global*

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security code (3 digit on back): \_\_\_\_\_

Name as it appears on credit card: \_\_\_\_\_

Billing address (if different from address above): \_\_\_\_\_

Special requests or dietary requirements: \_\_\_\_\_

Anniversary or special occasion: \_\_\_\_\_

Medical or mobility issues: \_\_\_\_\_

**Premier Tours Global, 4525 Production Dr, Dallas, TX 75235**

**www.PremierToursGlobal.com Ph: 888-407-2772**