

BOOKING FORM

Name of Tour/Excursion: _____

Travel agency name: _____

Tour/Excursion departure date: _____ Excursion departure time: _____

Pax 1 name: _____ Pax 2 name: _____

Home address: _____ City: _____ State: _____

Zip: _____ Phone: _____ Fax: _____

email: _____

Type of room (only for tours) requested: _____ DEPOSIT: (\$300-per-person, tours only; full payment for excursions) will hold your reservation. The balance of the tour payment is due no later than 60 days prior to departure.

Check or money order payable to Gabriele's Travels to Italy

Credit card: (Please circle one) Visa MasterCard American Express

Discover

Card # _____ Ex. -

Print name as printed on credit card: _____

Billing address (if different than mailing): _____

City: _____ State: _____ Zip: _____

Pax 1 signature: _____

Pax 2 signature: _____

We strongly recommend cancellation/interruption insurance coverage which you may purchase from the insurance company of your choice. I/we DO NOT wish to purchase this protection. I/we acknowledge that I/we have carefully read Gabriele's Travels to Italy Booking & Cancellation policy.

Booking date: _____

Gabriele's Travels to Italy 1-888-287-8733

1610 14th Street NW #101A

Rochester, MN 55901

www.travelingtoitaly.com

e: info@travelingtoitaly.com