

Yearn to Learn Tours ♦ 13310 New Acadia Lane #301♦ Upper Marlboro, MD 20774

(301) 390-5835 ☎ (301) 249-8607

## RESERVATION FORM Brazil 8/9 – 8/17/2018

Please complete & mail this form with your deposit of \$\_\_\_\_\_pp due upon signing. (\$500.00 non-refundable/non-transferable) deposit sent to the above address. Deposit & payments may be in the form of a check, money order, or bank draft payable to Yearn to Learn Tours. Final payment is due **June 1, 2018**. Credit cards will not be accepted as payments. **(Please print)**

Contact Name: \_\_\_\_\_ DOB \_\_\_\_\_

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

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

**Copy of your passport is a requirement/ Use contact name that is on your passport.**

Phone # (HM) \_\_\_\_/\_\_\_\_ (W)\_\_\_\_/\_\_\_\_ (Cell)\_\_\_\_/\_\_\_\_

Email address: \_\_\_\_\_ Special Needs \*

Emergency contact's name \_\_\_\_\_ Phone \_\_\_\_\_

### Additional travelers:

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Email address: \_\_\_\_\_ Special Needs \*

(If different from contact person)

Name \_\_\_\_\_ DOB \_\_\_\_\_

Email address: \_\_\_\_\_ Special Needs \*

(If different from contact person)

**ACCOMMODATIONS:** \_DOUBLE \_TRIPLE \_QUAD \_SINGLE

\*Special Needs (dietary, mobility impaired, wheelchair assistance etc.)

---

SPECIAL OCCASION: \_\_\_\_\_

### IDENTIFY EVENT AND PERSON

Person: \_\_\_\_\_ Event: \_\_\_\_\_ Requesting a Travel Insurance Quote \_\_\_\_ Yes or \_\_\_\_ No

I have read and understand the terms and conditions for this trip. **I understand Travel Insurance is required please initial\_\_\_\_\_**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

REC'D DATE \_\_\_\_\_ CK/MO/\$ \_\_\_\_\_ TRIP: \_\_\_\_\_

**Agent:** \_\_\_\_\_