



### The experience of a lifetime

Last name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Other \_\_\_\_\_

Email address \_\_\_\_\_

Contact person in case of emergency \_\_\_\_\_

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

Passport Number \_\_\_\_\_ Birthdate \_\_\_\_\_

Issue Date \_\_\_\_\_ Expiration date \_\_\_\_\_

**Travel Insurance: You are strongly urged to purchase travel insurance upon making your initial tour deposit.**

**Cancellation Policy \***

- Cancellations received less than 91 days prior to the start of the trip: \$750 per person nonrefundable
- Cancellations received 90-61 days prior to the start of the trip 50% tour price nonrefundable.
- Cancellations received less than 61 days prior to the start of the trip: 100% tour price nonrefundable

**Exceptions to this cancellation policy cannot be made for any reason, including personal emergencies, weather, or illness. Please refer to your travel insurance policy for coverage regarding cancellations.**

I have read and understand the information regarding travel insurance and Best of Italy Travels cancellation policies and agree to these policies as stated above.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Kindly return (via snail mail or scanned copy in an email) the application to:

Best of Italy Travels  
1616 Travis Circle South  
Irving, TX 75038  
[info@bestofitalytravels.com](mailto:info@bestofitalytravels.com)

We gladly accept Visa/MasterCard and Discover

