

## RESERVATION APPLICATION

Name of Tour \_\_\_\_\_ Tour date \_\_\_\_\_

*Name and Date of Birth MUST match in Passport and Air Ticket.*

Name(Last) \_\_\_\_\_ (First) \_\_\_\_\_

Middle Int. \_\_\_\_\_

Address \_\_\_\_\_

Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_

Zip/PC \_\_\_\_\_ Country \_\_\_\_\_

Date of Birth \_\_\_\_\_

Telephone(Home) \_\_\_\_\_ (Office) \_\_\_\_\_

e-mail \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Smoking \_\_\_\_\_ Non-Smoking \_\_\_\_\_

Special Assistance \_\_\_\_\_

Single Supplement \_\_\_\_ Roommate \_\_\_\_\_

Enclosed is a deposit in the amount of \_\_\_\_\_

(Minimum deposits \$250.00 - Check or Money Order Only)

Balance payments accepted with Visa or MasterCard

Create your very own payment plan. Minimum payments \$300.00

Final Payment due 45 days prior to departure

Make checks payable to: YourWorld Consultant Group, Inc.

Send payment to:

YourWorld Consultant Group, Inc.

P.O. Box 2526

Laurel, MD 20709-2526