

##

##  **Booking Form**

##  Passport Details (attach copy of passport photo page with booking form)

|  |
| --- |
| Legal Name on Passport:  |
| Other Names: | Title: |  |
| Date of Birth.: |
| Passport No.: | Nationality: |  |
| Passport Date of Issue.: | Expiry Date: |  |

Other Details

|  |  |
| --- | --- |
| Address: Post Code: |  |
| City: State: | Country: |  |
| Daytime Tel No: Evening Tel No: |  |
| Mobile: Email: |  |
| Next of Kin (in case of emergency) Name: |
| Relationship: |
| Address: |
| Mobile Tel: |

Alexander & Roberts:

Custom Italy Dream Trip September 26 - October 7, 2021 $7,159 per person/double

 $ 900 single supplement

Mobility/health concerns/special needs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies/dietary restrictions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Payment: $500 Deposit

Card Details:

**Master Card Visa American Express**

**Card number: Exp Date: CVV Number: Card Holder’s Name: I Authorize this amount: USD Signature:**

**Declaration**

## I declare that I am over 18 years of age, have read/understood and I will abide by the Booking Conditions laid down by Alexander & Roberts and World Exposures.



Date received ……………….

Booking ID: ……………

Signature: ………………………………….

Date: …………………………

(

Susan Sheats

World Exposures

1007 26th Rd S, Arlington, VA 22202

703-967-9336

worldexposures.com

Sign this page and scan to sue@worldexposures.com