**Faith in Travel Tour Registration Form**

Tour Name: Bella Italia

Tour Date: September 24 – October 2, 2020

**Passenger Information:**

Please Select Your Tour Option:

 Land Tour & Air from Louisville in Double Occupancy ($3,900 pp) Single Room (additional $295)

Name (Full Name As It Appears On Passport)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (Month/Day/Year example Jan 1, 1965) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date (must not expire for 6 months after trip departure date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Roommate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance Information:**

Faith in Travel highly recommends obtaining travel insurance to ensure you are covered for any medical or other emergencies and to also protect your investment should you have to cancel going on the tour. Travel insurance is non-refundable and needs to be purchased prior to final payment to cover pre-existing conditions. Please check YES below if you are purchasing travel insurance for this journey. Faith in Travel will send you information on coverage provided by Travel Insured. Or check NO if you decline.

Group Deluxe insurance for trips under $3,900 is $242 per person and Group Deluxe Insurance Detailed Policy Available Upon Request.

 Yes, Group Deluxe No, I decline insurance

**Payment & Cancellation Schedule:**

Tour Payments: A deposit of $350 secures your spot and is due 2/15/2020. Final balance is due 7/15/2020. By signing this form, you agree that it is your obligation to adhere to the payment schedule and comply with a late fee of $25 per week. Make checks payable to Faith in Travel and mail to 241 Terre Hill Rd, Morganfield, KY 42437. Credits Cards are accepted, but there will be a 2% CC processing fee.

Name on Credit Card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credit Card Type:\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Credit Card Exp Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ Security Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cancellation Schedule: $50 cancellation fee regardless of time of cancellation. Full deposit is lost if trip is not cancelled prior to final payment. All payments are non-refundable after the date of final payment. To avoid cancellation penalties due to insurable reasons, we recommend each person purchase travel insurance at the time of deposit.

**Signatures:**

I have received and read Faith in Travel’s Terms & Conditions and agree to be bound hereby, and agree to be responsible for all amounts owed to Faith in Travel. I am in good physical and mental health and am able to travel without special medical supervision.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_/\_\_\_\_

Signature & Registration Date

Mail To: Faith in Travel

241 Terre Hill Rd

Morganfield, KY 42437