



1260 Patricia Ave.  
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www.tiastephanietours.com

## Reservation and Information Form

### Form Section I

To Sign up, please complete fully, read and sign. Return form to Tia Stephanie Tours by mail or email. Upon receipt of this completed, signed form and your deposit, we will reserve your spot on this tour.

Please see cancellation policy and terms and conditions below.

**Tour Name:** \_\_\_\_\_ **Tour Date:** \_\_\_\_\_

### General Information

Travelers Name (as it appears on Passport): \_\_\_\_\_

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

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Passport No. \_\_\_\_\_

Place of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Personal Health / Fitness

Describe any medical condition: \_\_\_\_\_

\_\_\_\_\_

### Trip Accommodations

I am traveling alone:  YES  NO

Please assign me a roommate:  YES  NO

### Note

Single travelers for whom roommates are not assigned or available may be subject to a single supplement surcharge, according to hotel policy.

# Reservation and Information Form

Form Section II

## In Case Of Emergency, Please Contact

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Insurance

Travelers must be covered by a major medical policy. I certify that I am covered by such a policy:  YES  NO

Tia Stephanie Tours strongly recommends the purchase of travel protection insurance. This will protect your travel investment, personal assets and health during your trip. By doing so, you will eliminate financial risk and concern over matters beyond your control. We provide a recommended policy for your convenience.

I agree to obtain Travelers Insurance for this trip:  YES  NO

If no, please read and sign below:

I understand that Tia Stephanie Tours is not responsible for events such as theft, baggage loss, trip cancellation or interruption, emergency medical treatment or evacuation, flight delay or cancellation, airline or other service provider bankruptcy, jury duty, personal or family illness, U.S State Department Warnings or other risks covered in the insurance policy.

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

Print Name: \_\_\_\_\_

## Cancellation Policy

Cancellations received in writing 60 days prior to trip departure date will result in a cancellation fee of \$250. Cancellations after 60 days prior to the trip departure date, will not receive a refund. We strongly recommend travel cancellation and interruption insurance for this purpose. Should the trip be cancelled, payments will be fully refunded.