

Group Travel Reservation Form



**Go Ahead
Tours**

TRAVELER INFORMATION

Please ensure that your name matches what appears on your passport.

First: _____ Middle: _____ Last: _____

Passport #: _____ Country of issue: _____ Expiration date: MM/DD/YYYY

Male/Female: ____ D.O.B.: MM/DD/YYYY Tel: (____) _____ Email: _____

Address: _____ City: _____ State: ____ ZIP: _____

Special dietary needs/medical conditions/mobility issues (if none, please write N/A): _____

Emergency contact name: _____ Relation: _____ Tel: (____) _____

ACCOMMODATIONS

2 Twin beds 1 Double bed (sleeps two) Single room (Private accommodations; single supplement charges apply)

Roommate name (if none, please write N/A): _____

TRAVEL COVERAGE

Please indicate if you would like to protect your investment by enrolling in travel coverage through Go Ahead Tours.

Yes, I'd like to enroll in Trip Protection + free Early Enrollment Package

No, I don't wish to protect my investment by enrolling in travel coverage through Go Ahead Tours

PAYMENT INFORMATION

\$ _____	+	\$ _____	=	\$ _____
Reservation fee		Travel coverage		Total payment due today

I have enclosed a check or money order for the total fee of: \$ _____

I authorize you to charge my credit card for the total fee of: \$ _____

Visa Mastercard Card number: _____ CVV: _____ Expiration date: ___/___/_____

Are you interested in learning more about our Automatic Payment Plan? Yes No

RELEASE & AGREEMENT, BOOKING CONDITIONS, AND PAYMENT AUTHORIZATION

I, the aforementioned traveler (or parent/legal guardian if enrollee is under the age of 18 or a minor under any other applicable law), have read, understand, and agree to be bound by the Release & Agreement (on back) and the tour Booking Conditions (available at goaheadtours.com/terms or by calling **1.800.438.7672**), and authorize the above payment.

Signature: _____ Date: ___/___/_____