APPLICATION FORM

| Please book _ | seat(s) on the "Wine, Woman and We | ellness" trav | velling May 31 – June 1, | 2018. Enclosed |
|------------------------------------|--|---------------------|--------------------------|---------------------|
| is my/our depo | osit of (\$75.00 per person). Y | ou will be i | nvoiced for the balance | due 90 days prior |
| to departure. | | | | |
| NAME(S): | Please indicate the appropriate title (Mr., M | Irs., Miss, I | Or., Ms.) | |
| | First | | | |
| Surname | First | Middl | e(s) | |
| If applicable, § for "Mary Eliz | give your commonly used first name as you cabeth") | would like | it to appear on your nam | ne tag: (e.g. "Liz" |
| ADDRESS: | | POST | AL CODE: | |
| PHONE: | (EMAIL) | | | |
| If traveling alo | one, is a SINGLE ROOM REQUIRED?: YE | ESNO |) | |
| it, so <u>please li</u> | EQUIREMENTS: We find the earlier a rest any dietary requests, allergies, any species requests made 30 days or less prior | <u>cial physica</u> | ıl needs. | ve have in filling |
| | Cheque payable to Travel Savvy Tour Co. American Express | Visa | ⋈ Mastercard | |
| Card Number: | :Signature: | _ Expiry: _ | | |
| Security Code | :Signature: | | | |
| and included | o the terms and conditions attached to the payment". (Signature)(s) | | · | y special requests |

Please forward this completed and signed form and payment to:

Travel Savvy Tour Co. 227 Dover Ave. Port Dover, Ontario N0A 1N4

www.travelsavvytours.com

Mona Leedale Tel: 519.583.3107 Email: mona@travelsavvytours.com