

# World Edventures and Service Tours

## Tour Reservation Form

Complete and mail to: World Edventures, 2161 Collins Rd. Crescent City, CA 95531

Tour code: \_\_\_\_\_ Name of tour: \_\_\_\_\_ Number Traveling Together: \_\_\_\_\_

Departure date (mm/yy): \_\_\_ / \_\_\_ Departure city \_\_\_\_\_ Airport code: \_\_\_\_\_

Optional excursions (extra charge): \_\_\_\_\_

**Traveler 1:** \_\_\_\_\_  Male  Female D.O.B: \_\_\_ / \_\_\_ / \_\_\_

Passport #: \_\_\_\_\_ Expiration date: \_\_\_ / \_\_\_ / \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Alt. Tel: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Special dietary needs/conditions: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Relation: \_\_\_\_\_

Tel: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Alt. Tel: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Traveler 2:** \_\_\_\_\_  Male  Female D.O.B: \_\_\_ / \_\_\_ / \_\_\_

Passport #: \_\_\_\_\_ Expiration date: \_\_\_ / \_\_\_ / \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Alt. Tel: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Special dietary needs/conditions: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Relation: \_\_\_\_\_

Tel: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Alt. Tel: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Twin beds (for 2)  Double bed (Sleeps two)  Triple  Quad (for additional travelers when available)  Single room (Private accommodations; single supplement charges apply)

Roommate(s) name(s): \_\_\_\_\_

*Note: If your roommate(s) is not yet reserved, you will be booked in a single room temporarily.*

Please indicate here if you would like to enroll in a travel protection group policy:

TravelSafe  TravelSafe Premium (Additional Fee: \$ \_\_\_\_\_)

*Note: Coverage is non-refundable and begins when the policy is paid in full. Free upgrade to AnyReason Protection is activated only when TravelSafe or TravelSafe Premium fee is paid in full within 14 days of reservation. For a full description of policy coverage and exclusions, please see [myworldedventure.com/travel-protection](http://myworldedventure.com/travel-protection).*

I/we understand and confirm that the above information is accurate and that any flight requests or changes must be made at least 120 days prior to departure. I/we further agree to post a deposit of \$450 per person to enroll on this tour, subject to the refund policy of World Edventures and Service Tours, and its travel partner, Go Ahead Tours. Any changes made after this date may result in additional fees. For more information about these policies, go to [myworldedventure.com/travel-policy](http://myworldedventure.com/travel-policy).

Signature (Traveler 1) \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Signature (Traveler 2) \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Reservation fee: \$ 450 + Travel protection: \$ \_\_\_\_\_ = Total payment due: \$ \_\_\_\_\_ per person

I have enclosed a check or money order for the total fee of \$ \_\_\_\_\_  
Please include the names of all travelers on your check or money order.

I authorize World Edventures and Go Ahead Tours to charge my credit card for \$ \_\_\_\_\_ for Deposit Only (Initial Here: \_\_\_\_\_) and/or  Future Payments as directed by me (Initial Here \_\_\_\_\_)

MasterCard  Visa Card number: \_\_\_\_\_ CVN: \_\_\_\_\_ Exp. date: \_\_\_/\_\_\_/\_\_\_

**For Office Use Only:**

VERIFY NAME EXACTLY AS IT APPEARS ON PASSPORT (Traveler 1):

\_\_\_\_\_

VERIFY NAME EXACTLY AS IT APPEARS ON PASSPORT (Traveler 2):

\_\_\_\_\_

Enrollment Received: Date \_\_\_/\_\_\_/\_\_\_

GOT Enrollment: Date \_\_\_/\_\_\_/\_\_\_

Payments Made:

Date \_\_\_/\_\_\_/\_\_\_ Check  Credit Card  Reference Number : \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Check  Credit Card  Reference Number : \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Check  Credit Card  Reference Number : \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Check  Credit Card  Reference Number : \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Check  Credit Card  Reference Number : \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Check  Credit Card  Reference Number : \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Check  Credit Card  Reference Number : \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Check  Credit Card  Reference Number : \_\_\_\_\_