



Custom travel, expert advice, personal service

### Trip Application Form (one per passenger)

Please reserve a spot for me on the trip to: \_\_\_\_\_ on these dates: \_\_\_\_\_

Passenger Name: \_\_\_\_\_  
(as on passport)

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

\_\_\_\_\_ Cell phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Passport Nationality: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

(Passports of at least seven months validity from end of trip are required. Passport must have at least two empty visa pages. Indicate if need to apply for a new or renewal passport.)

Room Type : \_\_\_\_\_ single \_\_\_\_\_ double (2 people sharing the room)

Name of traveling companion: \_\_\_\_\_

Air Departure City: \_\_\_\_\_ (specify) Is the international air to be part of this package? \_\_\_\_\_ yes \_\_\_\_\_ no  
Will you be using frequent flier miles? \_\_\_\_\_ yes \_\_\_\_\_ no

Name of emergency contact and relationship: \_\_\_\_\_

Phone/fax of emergency contact: \_\_\_\_\_

Enclosed is the agreed-to non-refundable deposit check, made out to *Distinctive Destinations*. Final payment is due as quoted before departure. (See reverse for credit card authorization form if using a credit card.) *Depending on the supplier, quoted prices may reflect a cash/check payment discount. If using a credit card, prices may be 4% additional.*

If a California resident, we are registered with the California Sellers of Travel (CST) program. <http://ag.ca.gov/travel/consumer.htm>

Penalties apply to the tour price. Additional penalties may apply to the airline tickets.

Trip cancellation insurance protects your nonrefundable costs if cancellation is for a covered reason. With your deposit receipt you will be sent information describing optional **but highly recommended** insurance you can purchase. Insurance should be purchased within 15 days of deposit. Your signature here is an agreement to be personally responsible if you don't take the trip cancellation/interruption/medical/evacuation insurance. Additional information can be found at [www.distinctive-destinations.com](http://www.distinctive-destinations.com)

Special requests (dietary or medical concerns):

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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