



TOUR RESERVATION FORM – EMILIA-ROMAGNA

Reserve your place with a **\$1,600.00** deposit. Non refundable after 14 days.
Reservations are processed on a first come, first serve basis. Secure your place today!

Name: _____

IMPORTANT: Name must be exactly the same as it appears on Valid Passport; 1 Form per Person.

Street Address: _____

City: _____ State: _____ Zip: _____

YOUR CONTACT INFORMATION

Home Tel. #: _____ Cell Tel. #: _____

Work Tel. #: _____ E-mail: _____

Travel Companion Name: _____

Room Type: Single*: _____ Double: _____ Triple: _____

***\$755.00 additional fee for a single room.**

Departure Date: _____ Return Date: _____

YOUR PAYMENT DETAILS

Deposit or Full Payment (List Amount): _____ Payment Date: _____

TRAVEL PROTECTION INSURANCE is available to all participants:

We strongly recommend the purchase of Travel Insurance to protect your travel investment.

NOTE: Pre-existing medical condition clause is included if insurance is purchased within 14 days of deposit.

Travel insurance is non-refundable.

Would you like Optional Travel Insurance Protection? YES: ____ NO: ____

To purchase Travel Insurance, your date of birth is REQUIRED: _____

TOUR RESERVATION POLICIES

- \$1,600 .00 Deposit required to secure space. Tour Balance is due 45 days prior to travel date.
- We prefer payment by check. Credit Card payment is possible; however, a 3.75% credit card fee applies.
- \$250.00 Administration fee is charged if tour reservation is cancelled 2 weeks after initial deposit.
- Itinerary could be altered only if deemed necessary beyond control of travel agency & local tour operator.
- Full deposit, administration fee & full tour cost become NON REFUNDABLE 45 days or less from travel date.

REQUIRED TRAVEL DOCUMENTS

TRAVEL DOCUMENTS: USA citizens need VALID PASSPORT with expiration date 6 months or more from US departure date.

NON-USA: Citizens may require a VISA. Please check with your own country's Consulate General or their Website.

PAYMENT DETAILS

- Please make your payment out to **I-CHEF LLC**
- Please write **TAVOLA TOURS** on the Memo line of your check.
- Mail to: **364 Springfield Ave, PO Box 20, Berkeley Heights, NJ 07922**

SIGNATURE: _____

DATE: _____