

TRAFALGAR

EXPRESS REGISTRATION FORM

BOOKING REFERENCE: C141554 – Best of Germany

GROUP CONTACT: Tourcy LLC – concierge@travelwithtourcy.com – 812-781-0201

NAME PER PASSPORT: _____ GENDER: F _____ M _____

FIRST NAME: _____ MIDDLE NAME: _____ LAST NAME: _____

ADDRESS: _____ CITY, STATE-ZIP: _____

CELL #: _____

DOB: _____

EMAIL: _____

ROOMING: SINGLE _____ DOUBLE _____ TRIPLE _____ (SINGLE AND TRIPLES ARE LIMITED)

MY ROOMATE IS: _____

SPECIAL REQUEST – WE DO OUR BEST TO ACCOMMODATE, BUT SPECIAL REQUESTS ARE NOT GUARANTEED:

ARCH INSURANCE COMPANY - TRAVEL INSURANCE: _____ YES _____ NO

TRAVEL PROTECTION PLAN: \$499 DEPOSIT DUE: \$300 _____ TOTAL (DEPOSIT PLUS TRAVEL PROTECTION):

INSURANCE SPECIFIC DETAIL COVERAGE VISIT WWW.TRAFALGAR.COM/EN-US/ABOUT-US/TRAVEL-INSURANCE

INSIGHT VACATIONS

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