

REGISTRATION FORM

Italian Delights Tours

I/We would like to participate in the Italian Delights Tour(s) below (Please insert both the **name and date** of the tour you are interested in participating in below - For commencement dates please see our web site)

Tour Name:

Tour Start Date(s):

Please acknowledge that you have read and accepted the terms and conditions of our tours found online at <https://www.italiandelights.com.au/terms-and-conditions-for-our-italian-> by signing the acceptance below (one person can sign on behalf of all passengers listed in the guests details section).

SIGNED: _____ Dated / /

*Payment details will be forwarded to guests upon receipt of this completed and signed registration form. Please Email completed forms to info@italiandelights.com.au , or post a printed copy to PO Box 95, Bentleigh, VIC 3204. **Please note that due to the very small group sizes on our tours, allocations will be given to early bookings and deposits received.**

GUEST ONE:

GUEST TWO:

Title: Mr/Mrs/Ms/Miss/Dr/Other

Surname:

Given Names:

Date of Birth:

Special Dietary Requirements

Address No. Street
.....

Suburb:

State: Postcode

Phone: B/H A/H

Mobile:

Email:

(Please print Clearly)

Emergency Contact Person:

Phone Contact: B/H A/H

Celebrating Anything special?

HOW DID YOU FIND OUT ABOUT US?

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