

# CULTURAL VACATIONS & SAFARIS®

*WE GO THE WORLD FOR YOU*

FAX THIS COMPLETED FORM TO: 407. 788. 8108

## TOUR APPLICATION

- (1) ALL PASSENGERS MUST CAREFULLY READ & UNDERSTAND THE GENERAL TERMS & CONDITIONS OF CULTURAL VACATIONS & SAFARIS Inc, INDICATED ON Any Cultural Vacation current brochure on our web site [www.culturalvacations.com](http://www.culturalvacations.com) especially noting the paragraphs describing the Tour Operator and Airline Responsibility & Liability, Cancellation Penalties and Refund Policy. As a reminder, TRAVEL INSURANCE IS HIGHLY RECOMMENDED.
- (2) PLEASE COMPLETE ALL SECTIONS, SIGN & DATE FORM AT THE BOTTOM AND RETURN IMMEDIATELY TO CULTURAL VACATIONS. Passengers will not be permitted to participate on a Cultural Vacations Inc. Tour or package if this signed application is not received in our offices prior to departure.

TOUR NAME:

DEPARTURE DATE:

HOW DID YOU HEAR ABOUT CULTURAL VACATIONS:

Details or Other:

ROOM TYPE:

Double bedded (subject to availability only)

Single (single supplement applicable)

Twin bedded (Singles requesting to share will be charged Single Supplement if a share is not located)

### TRAVELER (1) INFORMATION

FULL NAME (As it appears in passport):

SEX:

HEIGHT:

SMOKER:

DATE OF BIRTH (mm/dd/yy):

PASSPORT #:

ISSUE DATE:

EXP DATE:

CITIZENSHIP:

HOME ADDRESS:

CITY, STATE & ZIP:

TEL (day): : ( ) -

TEL (eve): ( ) -

DIETARY RESTRICTIONS:

MEDICAL RESTRICTIONS (Physician's Report may be required):

PHYSICAL/MOBILITY RESTRICTIONS:

### TRAVELER (2) INFORMATION

FULL NAME (As it appears in passport):

Sex:

HEIGHT:

SMOKER:

DATE OF BIRTH (mm/dd/yy):

PASSPORT #:

ISSUE DATE:

EXP DATE:

CITIZENSHIP:

HOME ADDRESS:

CITY, STATE & ZIP:

TEL (day): : ( ) -

TEL (eve): ( ) -

DIETARY RESTRICTIONS:

MEDICAL RESTRICTIONS (Physician's Report may be required):

PHYSICAL/MOBILITY RESTRICTIONS:

EMERGENCY CONTACT:

NAME:

RELATION TO TRAVELER:

HOME ADDRESS:

CITY, STATE & ZIP:

TEL (day): : ( ) -

TEL (eve): ( ) -

TRAVELER (1) SIGNATURE (REQUIRED):

DATE:

TRAVELER (2) SIGNATURE (REQUIRED):

DATE:

Parental signature is required if participant is under the age of 18. Signatures imply that participants have carefully read and accepted Cultural Vacations & Safaris Inc.'s General Terms & Conditions indicated on our tour catalogues, our website or attached with your documents. Please refer to any of these places to review these terms and conditions and especially noting the liability clauses and the cancellation penalties.

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