



# Reservation Form

Please print, fill in this form, sign and send with your deposit to:  
EN FRANCE TOURS 5016 Brassfield Drive SE, Olympia WA 98501

Last Name #1 \_\_\_\_\_ First Name \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last Name #2 \_\_\_\_\_ First Name \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

I am enrolling in:

<u>Region</u>	<u>Title of the tour</u>	<u>Date of the tour</u>
<input type="checkbox"/> NORMANDY	A Lavish Tapestry of Time	June 22 to 28, 2008
<input type="checkbox"/> PARIS	City of Light	June 28 to July 1, 2008
<input type="checkbox"/> PROVENCE	The Best of Provence	July 2 to 8, 2008
<input type="checkbox"/> LANGUEDOC	The Cathars & Nights Templar	July 11 to 18, 2008
<input type="checkbox"/> BURGUNDY	The Treasures of Burgundy	August 1 to 4, 2008
<input type="checkbox"/> NORMANDY	A Lavish Tapestry of Time	August 4 to 9, 2008
<input type="checkbox"/> DORDOGNE	From the Stone Age to Renaissance	August 24 to 31, 2008
<input type="checkbox"/> NORMANDY	A Lavish Tapestry of Time	September 2 to 9, 2008

I am traveling with: \_\_\_\_\_

Please try to find me a roommate.       I prefer a single room.

**AIR TRAVEL:**

I would like En France to arrange my overseas air travel.

**MEDICAL OR DIETARY RESTRICTIONS:** (Please cite if any)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DEPOSIT:**

A deposit is required for each tour at the time of reservation: \$500 for each tour.

**TOTAL DEPOSIT ENCLOSED:** \$ \_\_\_\_\_ check payable to EN FRANCE TOURS

I learned about EN FRANCE TOURS from: \_\_\_\_\_

I affirm that I do not have any health problem or disability that would create a hazard or serious inconvenience to myself or to other tour participants. I have read and agree to the Terms and Conditions as stated.

Signature #1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature #2: \_\_\_\_\_ Date: \_\_\_\_\_