

## Destinations with Donica! • Reservation Form

Name of Tour \_\_\_\_\_

Traveler #1: Name as it appears on passport \_\_\_\_\_

Passport # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address (City/State/Zip) \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone # \_\_\_\_\_

I would like to purchase the optional trip cancellation insurance YES\_\_\_ NO\_\_\_

Special Requests: \_\_\_\_\_

Traveler #2: Name as it appears on passport \_\_\_\_\_

Passport # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address (City/State/Zip) \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone # \_\_\_\_\_

I would like to purchase the optional trip cancellation insurance YES\_\_\_ NO\_\_\_

Special Requests: \_\_\_\_\_

Deposit Amount per person: \$ \_\_\_\_\_ + Insurance \$ \_\_\_\_\_ = Total \$ \_\_\_\_\_ per person

OR Full payment per person \$ \_\_\_\_\_ Insurance \$ \_\_\_\_\_ = Total \$ \_\_\_\_\_ per person

Please enclose a check made payable to: Destinations with Donica! If you would prefer to pay with credit card please call 217-259-2151.

*Thank you, we look forward to traveling with you !*

**Destinations with Donica!**

**113C W.Tomaras • Savoy, Illinois 61874**

**Phone/Text 217-259-2151**

**Email: donicahalcom@gmail.com**