

<b>Reservation Form</b>		<b>Tour No.</b>	
Name (as it appears on your passport):			
Address:			
City:		State:	Zip:
Telephone:		Email address:	
Will your room be a: ( ) single (limited) ( ) double ( ) triple			
Name of Roommate:			
Are you a US citizen? ( ) Yes ( ) No Date of Birth			
Passport No.		Expiration Date	
Contact in the USA	Telephone No.	Relationship	
<p><b>Please return this form with your check to:</b></p> <p><b>LITTLE FLOWER TOURS &amp; TRAVEL, LTD.</b>  145 Fieldstone Road,  Staten Island, New York 10314  ☎ 718-761-1251 or outside NY call 888-843-7373  susan@littleflowerpilgrimages.com</p> <p><b>A \$700.00 DEPOSIT IS DUE AT TIME OF BOOKING</b>  <b>FINAL PAYMENT IS DUE 70 Days before departure</b></p>			
<p><b>TERMS AND CONDITIONS:</b> Cancellation made by passengers. Of the \$700.00 deposit, \$300.00 is non-refundable in case of cancellation. 70 days to 46 days a \$700.00 penalty is imposed. 45 days to 16 days a \$700.00 penalty PLUS any penalty imposed by the airlines and hotels. 15 days or less may result in loss of entire cost, depending on what we can recover. Once travel has commenced, no refunds for unused portions can be made. <b>ALLIANZ TRAVEL INSURANCE IS AVAILABLE AND ADVISABLE</b> If you have a pre-existing condition, it is important that you take Travel Insurance within 10 days of booking.</p>			
Signature:		Date:	

Credit card ( ) MasterCard ( ) Visa ( ) American Express			
Account #:		Expiration date:	CVC#
Name (as it appears on your card)			
Billing Address:			
Amount to be charged: \$			
Signature:		Date:	

**“EVERYONE MUST FILL OUT THIS FORM, SIGN IT BELOW AND RETURN IT WITH YOUR RESERVATION FORM.”** If you are **NOT** taking the Travel Insurance you must still fill out the Insurance form below and indicate **NO** in the Insurance Box and return it with your reservation form.

Please note that insurance is strongly recommended but is optional. If you want to receive a waiver for pre-existing conditions, your premium must be received by Little Flower Tours within 14 days of your initial trip deposit/payment, provided you are not disabled from travel at the time of your premium payment. Insurance payments are non-refundable.

<b>Insurance Form</b>		<b>Tour Number</b>
<b>Name</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Telephone:</b>	<b>Are you a US citizen? ( ) Yes ( ) No</b>	
<b>Additional Family Members to be Insured</b>		
<p><b>I will take the Insurance ( ) Yes ( ) No</b></p> <p>If you have a pre-existing condition please call for rates. If not, insurance information will be sent to you with receipt of deposit.</p>		
<p><b>LITTLE FLOWER TOURS &amp; TRAVEL, LTD.</b></p> <p>145 Fieldstone Road,</p> <p>Staten Island, New York 10314</p> <p><b>☎ 718-761-1251 or outside NY call 888-843-7373</b></p> <p><b>If you want to receive a waiver for a pre-existing condition, your premium must be received by Little Flower Tours within 14 days of your initial trip deposit</b></p>		
<b>Signature</b>		<b>Date</b>