

**REBEL TOURS/ACSI
EUROPEAN RV TOURS**

Experience our Experience

BOOKING FORM

Tour Name:.....	Tour Date:.....
Your Name:.....	Second Name:.....
Passport Number:.....	Passport Number:.....
Expire Date:.....	Expire Date:.....
Date of Birth:.....	Date of Birth:.....
Address:.....	Telephone No.:.....
City:.....	Fax No.:.....
State:..... Zip:.....	e-mail:.....
Extra persons:.....	X2: \$.....
Extra person(s): \$.....	RV Upgrade: \$.....
Price per person: \$.....	Total Tour Price: \$.....

Deposit of \$500.00 per person to be paid upon booking tour.

Final payment must be received 60 days prior to departure.

Cancellation Insurance: Yes, send me a brochure ____

I agree with all the terms and conditions referred to above:

Your signature:..... Date:.....

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