

Journey to Rome, Assisi and Lanciano with Fr. James West

June 27- July 6, 2020

Please complete this form and mail with payment to the Sue Smith Vacations address at the bottom of the form

Passport must be valid for 6 months upon return

Enclosed is my payment for the Journey to Rome 2020 Tour

BN: 62187

PASSENGER #1 NAME: _____

Clearly print name as it appears on your passport: (Last, First, Middle)

Rooming With: _____ Single Room (Additional Cost): Yes No

PASSENGER #1 Passport No.: _____ Exp. Date: _____ Gender: _____ Date of Birth: _____

PASSENGER #2 NAME (if residing in same household as Passenger 1): _____
Clearly print name as it appears on your passport: (Last, First, Middle)

PASSENGER #2 Passport No.: _____ Exp. Date: _____ Gender: _____ Date of Birth: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Emergency Contact Information: Name: _____ Phone: _____ Relationship: _____

- \$500 per person reservation deposit plus applicable optional insurance (see terms and conditions for pricing)
- \$500 per person reservation deposit (if insurance is declined)
- I am paying my deposit with a check made payable to Sue Smith Vacations. Amt \$ _____
- I am paying my deposit with a credit/debit card.

Credit Card # _____ Expiration Date: _____ * Sec Code _____ Amount: _____

(We accept: Visa Mastercard American Express. **3% fee added when paying with a card**) ***(3 or 4 digit# on back of Card)**

Name that appears on Credit Card: _____ Credit Card holder Signature: _____

Allergies/health issues we should be aware of: _____

Signature of Passenger(s): _____ / _____ Date: _____ Enrollment in and

payment for the tour constitutes your acceptance of the program conditions.

Sue Smith Vacations • 3806 John F. Kennedy Blvd • North Little Rock AR 72116 • (501) 771- 0987