



# Awesome Life Tours & Travel

Mailing Address: 1505 Highway 81 N, Jonesborough, TN 37659  
Phone: 909-556-5030 - Email: msasumen@gmail.com

## International Reservation Form - (Please Print)

Tour Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete the reservation form and return it with your payment (payable to "ALTT") to:  
1505 Highway 81 N, Jonesborough, TN 37659

\$ \_\_\_\_\_ x (# of travelers) = \$ \_\_\_\_\_  
Cost of Insurance = (Plan Cost): \$ \_\_\_\_\_ X (# of travelers) = \$ \_\_\_\_\_  
Total Enclosed = \$ \_\_\_\_\_

Payment Method: \_\_\_\_\_  check  Master Card  Visa  Am Ex  Discover  
Credit Card # (additional 4%, nonrefundable) \_\_\_\_\_ Security Code (3digits, back of card) \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name on Credit Card: \_\_\_\_\_ Chg. Signature \_\_\_\_\_  
Address of if different from below: \_\_\_\_\_

Please Print Carefully! Inaccurate information will result in travel delays and / or airline change fees.

### FIRST PASSENGER

Last Name \_\_\_\_\_ (as it appears on passport)  
First Name \_\_\_\_\_ (as it appears on passport)  
Middle Name \_\_\_\_\_ (as it appears on passport)  
Date of Birth \_\_\_\_\_ Gender: \_\_\_\_\_  
Passport #\*\* \_\_\_\_\_  
Issuing Country of passport \_\_\_\_\_  
Passport Issue Date (M/D/Y) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Expiration Date (M/M/Y) \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female  
P. O. Box \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_  
Postal Code \_\_\_\_\_ Phone #. \_\_\_\_\_  
Email \_\_\_\_\_

### SECOND PASSENGER (IF PAYMENT ON THIS FORM)

Last Name \_\_\_\_\_ (as it appears on passport)  
First Name \_\_\_\_\_ (as it appears on passport)  
Middle Name \_\_\_\_\_ (as it appears on passport)  
Date of Birth \_\_\_\_\_ Gender: \_\_\_\_\_  
Passport #\*\* \_\_\_\_\_  
Issuing Country of passport \_\_\_\_\_  
Passport Issue Date (M/D/Y) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Expiration Date (M/M/Y) \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female  
P. O. Box \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ Province / State \_\_\_\_\_  
Postal Code \_\_\_\_\_ Phone #. \_\_\_\_\_  
Email \_\_\_\_\_

Name of Roommate(s) (if on separate form) \_\_\_\_\_ (Single supplement of \$ \_\_\_\_\_ added to final invoice if no roommate listed)

Room (check one):  Single (1 bed)  Double (1 bed, 2 people)  Twin (2 beds, 2 people)  Triple (3 beds)

Final Documents: will be mailed to the address above and will not require a signature. If you require delivery with a signature, please contact our office.

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Emergency contact not traveling: \_\_\_\_\_  
Phone \_\_\_\_\_  
Name \_\_\_\_\_

Emergency contact not traveling: \_\_\_\_\_  
Phone \_\_\_\_\_  
Name \_\_\_\_\_

My signature below verifies that I understand that I may purchase travel protection insurance from any source of my choice.  
My signature below also verifies I understand and agree to Awesome Life Tours & Travel's Terms and Conditions as stated in the itinerary and the website. All payment receipts are sent via email. Please check box to request hard copies of receipts mailed to address above.   
My photos and videos taken during the tour may be utilized for promotional purposes.

Signature Required (First Passenger)

Signature Required (Second Passenger)

\*Based on Double Occupancy

\*\*If you are waiting for an updated passport number please provide this as soon as you receive it