



FLORENCE & CHIANTI IN TUSCANY: A Cultural & Culinary Adventure
*** Custom Tour ***

GUEST REGISTRATION

First Name _____ Middle Name _____

Last Name _____ DOB: _____

U.S. Citizen? _____ Yes _____ No If not, name country _____

E-mail address _____

Telephone (mobile) _____ Other _____

Street Address _____

City _____ State _____ Zip _____

Country _____

EMERGENCY CONTACT

Emergency Contact Name _____

Relationship to You _____

Emergency Contact Address _____

Emergency Contact Phone _____ Other _____

Primary Care Doctor _____ Phone _____

Allergies to Medications _____

Medical Insurance Information (in case of an emergency)

Insurance Company _____ Phone: 800-338-7807

Policy# _____ Group# _____

**** Please provide Pack A Fork! with a copy of your current passport (should be valid for 6 months after trip)**

_____ **I have attached a copy of my Passport and will enclose it with this Guest Registration form**

This trip is rated 'easy to moderate'. There will be a fair amount of walking on cobbled streets, walking up hills, up stairs and standing. Do you have any physical conditions that might prevent you from participating in these activities? If so, explain:

Tell us a bit about you..

What are your expectations for this trip?

What interests you most about the Spain itinerary?

Do you have diet restrictions (vegetarian, gluten-free, vegan, etc.)?

Any questions or concerns? Please describe here or contact us at 303-593-1680.

Please note: This is a non-smoking trip. Smoking will not be allowed in hotels, on the coach or in other non-smoking designated areas.

Accommodations:

If you are sharing a hotel room, please name here _____

_____ I would like to have my own room (requires a single supplement)

If there is anything we need to know about your room preferences, please indicate here:

Arrival Information:

Select from the following regarding your arrival and departure:

_____ I have made my own flight arrangements or through Exito Travel and will forward of a copy of my itinerary

_____ I have not yet made my flight arrangements but will forward them when booked

Payment:

_____ Double occupancy

_____ Single occupancy (includes a single supplement)

_____ Payment by Check _____ Payment by Credit Card (contact office)

Please make checks payable to Pack A Fork! LLC and mail with this Guest Registration form and the signed Consumer Disclosure form to:

Pack A Fork!, P.O. Box 1346, Erie, CO 80544

Financial Terms & Conditions:

_____ I agree with the Financial Terms & Conditions presented for this tour.

Signature _____

_____ I am _____ I am NOT purchasing travel insurance for this tour.

We recommend a 'Cancel for Any Reason' policy due to COVID-19.

Photo Release: I give my permission for Pack A Fork! LLC to publish tour photos/video where I could be present that could be used for marketing purposes.

Signature _____

*Note: Alternatively, forms can be emailed to **info@packafork.com***