



Reservation Form

Tour: _____

Date: _____

Optional Tour: Yes No _____

First Name _____ Last Name _____

Home Address & Apartment No# _____

City _____ State _____ Zip _____

Day Tele No. (_____) _____ Cell No. (_____) _____

Evening Tele (_____) _____ Fax No. (_____) _____

Email Address _____

Website Address _____

Emergency Contact

Name _____ Relation _____

Telephone (_____) _____ Cell (_____) _____

Interest of travels

- | | | |
|------------------------------------|--|--|
| <input type="checkbox"/> Africa | <input type="checkbox"/> Europe | <input type="checkbox"/> South Pacific |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> Middle East | <input type="checkbox"/> United States |
| <input type="checkbox"/> Canada | <input type="checkbox"/> South America | <input type="checkbox"/> Other _____ |

What season do you prefer traveling Spring Summer Fall Winter

Have you traveled with a tour group before Yes No

I prefer traveling with the age 20s 30s 40s 50s 60+

Please list your last (3) Domestic or International travels

1. _____ 2. _____ 3. _____

Which airline carrier do you prefer flying

1. _____ 2. _____ 3. _____

Room Accommodations

- Single (additional charge applies for single accommodations)
 Roommate
 I need a Roommate (single rate will apply on tour & optional tour if we cannot provide a roommate)
 Optional Tour • Single Roommate I need a Roommate

There are _____ persons traveling with me on this tour.

My Roommate Name: _____

Relationship: _____ Telephone: _____

Please try and select a **same gender** roommate for me: Male Female

Age Range: _____ • Smoking Non-Smoking

Passport Information

First Name _____ Last Name _____

(as it appears on your passport)

Date of Birth: Month _____ Day _____ Year _____

Place of Birth _____ SS# _____

Gender: Male Female • **Status:** Single Married

Are you a citizen of the United States Yes No

Do you have a valid Passport Yes No

Passport Number _____

Place of Issue _____ Date Issued _____

Do you smoke? Yes No

Did you have a "Yellow Fever" Shot? Yes No

Did you have a "Hepatitis A" Shot? Yes No

Do you require a special diet? Yes No _____

Do you have any physical limitation? Yes No _____

On tour will you celebrate a special event? Yes No _____

Travel Insurance

(I understand Nubian Travels highly recommends the purchase of Travel Insurance)

Do you plan to purchase Travel Insurance Yes No

Name of Travel Insurance Agency _____

Telephone Number _____ Fax _____

I hereby waiver the purchase of Travel Insurance:

Signature _____ Date _____

Payment Enclosed is a check for \$ _____

Please charge my remaining trip payment to my credit card:

(This will automatically be processed 60 days prior to the tours departure unless you are on a payment plan)

American Express Visa MasterCard

Name as it appears on the card: _____

Billing Address: _____

Card No# _____ Expiration Date: _____

Approval Signature To Charge Credit Card _____

Date _____

I have read the Terms & Conditions of this tour. My signature below affirms that I completely understand the Terms & Conditions stated and I agree to all of its contents.

Signature _____

Date _____