



## PICTURESQUE PROVENCE

### RESERVATION FORM

1) NAME (As appears on passport): ☐ Mr. ☐ Mrs. ☐ Ms. \_\_\_\_\_ Class Year \_\_\_\_\_

2) NAME (As appears on passport): ☐ Mr. ☐ Mrs. ☐ Ms. \_\_\_\_\_ Class Year \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (     ) \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

☐ I certify that I have not recently been treated for, nor am I aware of any physical or other condition or liability that would create a hazard to myself or the other members of this tour.

☐ The two of us above are sharing a room and, where possible, would like a room with: ☐ ONE ☐ TWO Beds (Make one selection only)

☐ I am sharing with \_\_\_\_\_  
(form sent separately)

☐ I need assistance in securing a roommate. I understand if Winding Way Travel cannot locate one for me by final payment date, I agree to pay the additional single supplement amount.

☐ I desire single accommodations and will pay the single supplement.

☐ I am interested in the post-tour to Paris.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please send your completed form to Winding Way Travel  
knoxtravel@windingwaytravel.com or call 445-895-2647 with  
questions regarding this tour.