



## 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.