

RESERVATION FORM

TOUR BOOKED: _____

Name: (as shown on passport) _____

Name: (as shown on passport) _____

Date of birth: _____ Date of birth: _____

Address: _____

Town/City: _____ County/State: _____

Post Code/Zip Code: _____ Telephone: _____

Email: _____

Please reserve a room with a double bed or twin beds

Deposit per person (details on tour page) **Full payment date will be notified on our acknowledgement**

Cheque enclosed (payable to Old Country Tours Inc) _____

Signature: _____ Date: _____