

Dobbs Ferry Travelers – Tuscany 2017

BOOKING FORM

PERSONAL INFORMATION

Name as it appears on your Passport: _____
First Middle Last

Date of Birth:(month,date,year): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

PASSPORT

Number: _____ Gender: _____

Country of Issuance: _____

Date of Issuance (month, date, year) _____ Expiration Date (month, day, year) _____

US citizens require a passport valid for six
months beyond travel dates for Spain

EMERGENCY CONTACT IN US

Name: _____ Relationship: _____

Address: _____

Telephone: _____

TRAVEL

Hotel Room: Single _____ Double _____ Roommate _____

Bus to & From Airport: YES _____ NO _____

Please return this form along with a copy of your Passport with the first payment

Mail to: Francis Cullen 1729 Libby Place, Bronx NY 10461