

**COMPLETE & MAIL TO:
DONOVAN TRAVEL
508 MAIN STREET
EAST GREENWICH, RI 02818
(401) 885-3500
DAVE@DONOVANTRAVEL.COM**

DONOVAN TRAVEL / PUGLIA & THE AMALFI COAST

\$4129* credit card/\$3989* cash/check *price based on a minimum of 28 passengers

*Rates are pp twin and INCLUDE Airfare.

Single, add \$638 Twin Triple, same rate as twin

Travel insurance is available through Donovan Travel. Please choose YES or NO below:

YES, insure my trip! NO, I do not wish to include the insurance.

Please find enclosed a deposit of \$500 per person for ___ person(s) due as soon as possible, but not later than February 1, 2020 (as space is limited and available on a first-come, first-served basis). **Make your check payable to Donovan Travel.** This tour is based on a minimum of 28 confirmed passengers and space is limited. Passengers understand that the **balance is due by March 20, 2020**. In the event of a cancellation, a full refund, minus a \$25.00 service fee and the cost of insurance, will be returned to passengers if the cancellation is given prior to Feb 01, 2020. After Feb 01, 2020, the deposit is non-refundable.

PLEASE PRINT CLEARLY & COMPLETELY!

Please remit a photocopy of the photo page of your passport with your reservation form, for purposes of clarity.

Name (as it appears on passport): _____ M F

Passport #: _____ Place of Issue: _____ Citizenship: _____ Exp. Date: _____

Address: _____ City: _____ State: _____ ZIP: _____

Best Phone #: _____ HOME CELL WORK Alt. Phone #: _____ HOME CELL WORK

Date of birth: _____ E-mail: _____

In Case of Emergency, Notify: _____ Phone # _____

Roommate #1: Name (as it appears on passport): _____ M F

Passport #: _____ Place of Issue: _____ Citizenship: _____ Exp. Date: _____

Address: _____ City: _____ State: _____ ZIP: _____

Best Phone #: _____ HOME CELL WORK Alt. Phone #: _____ HOME CELL WORK

Date of birth: _____ E-mail: _____

Roommate #2: Name (as it appears on passport): _____ M F

Passport #: _____ Place of Issue: _____ Citizenship: _____ Exp. Date: _____

Address: _____ City: _____ State: _____ ZIP: _____

Best Phone #: _____ HOME CELL WORK Alt. Phone #: _____ HOME CELL WORK

Date of birth: _____ E-mail: _____

Credit Card #: (if depositing on card): _____ VISA MC DIS Exp. Date: _____

Name (as it appears on credit card): _____ Signature: _____

****Please Note: Payment by cash or check is discounted.****

I have read and understand the policies listed on this flyer. Prices on this flyer were effective on the date listed below. At the time you purchase your tour, prices may be higher because of an increase in carrier charges. Any rate changes would be advised at time of final billing. I understand that the airline tickets or air tours I am purchasing are subject to supplemental price increases after the date of purchase due to additional charges imposed by a supplier or government. I acknowledge that I may be charged additional sums by Donovan Travel to offset increased fees, fuel surcharges, taxes, fluctuations in foreign exchange markets or any combination thereof. Prices on this flyer were effective on the date listed below. At the time you purchase your tour, prices may be higher because of an increase in carrier charges. Any rate changes would be advised at time of final billing. I hereby consent to any post-purchase price increases and authorize Donovan Travel to charge my credit card for such additional amounts. Additionally, I have provided all information as accurately as possible and with the understanding that I may be subject to a cancellation or change penalties of at least \$125 if they are incorrect.

Signature: _____ Date: _____

Thank you very much for joining us on your upcoming tour. We look forward to providing a wonderful vacation for you!