**Koinonia Travels and Tours: Tour Reservation Form**

Please print legibly and fill in completely with accurate information. Return with your deposit to:

**Koinonia Travels and Tours, 410 North Mulberry, Elizabethtown, KY 42701**

Tour: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tour Date: \_\_\_\_\_\_\_\_\_\_\_ Tour Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male \_\_ Female \_\_

Preferred Name for Name Tags: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Way to be Contacted: \_\_\_\_\_\_\_\_

My Roommate Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please match me with a roommate if available: Yes: \_\_ No: \_\_

Room Preference: Single: \_\_\_\_\_ King:\_\_\_\_ Double(two beds):\_\_\_\_\_\_ Triple: \_\_\_\_\_\_\_\_ Quad:\_\_\_\_\_\_

I understand that there will be a single room supplemental charge.

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone No. Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_

**Optional Travel Protection Insurance.** KTT strongly recommends that you purchase travel insurance for your own protection. Purchasing travel protection can minimize monetary loss due to circumstances beyond your control as a traveler such as cancellations, schedule changes, luggage loss, trip delays, illnesses or medical emergency, etc. KTT works with one of the most reputable companies in the business and will be glad to help you with your purchase and helping you understand the details of coverage.

\_\_\_\_\_ Yes, I/we want travel protection insurance \_\_\_\_\_ No, I/we do not want travel protection insurance

**Please Provide The Following Information If The Tour Is Traveling Outside The United States.**

Passport Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issue Date:\_\_\_\_\_\_\_\_ Expiration Date:\_\_\_\_\_\_ Nationality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I have read, understand and agree to all the Terms and Conditions, Cancellations policies, and Tour Guidelines. Enrollment and payment of deposit constitutes your acceptance of our Terms and Conditions**.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deposit Amount Enclosed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check #: \_\_\_\_\_\_\_\_\_\_\_\_\_

How and when did you find information about this tour? How did you hear about KTT?

**Remember:** *Today is the first day of the rest of your life. Live it like it was your last.*