



Olde Ipswich Tours  
Small Group Gourmet Travel

## Tour Reservation Form

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Name and Date of Tour

Departure City

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Last Name (as it appears on passport)

First and Middle Names (as they appear on passport)

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Street Address

City/State/Zip Code

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Telephone Number(s)

Date of Birth (Month/Day/Year)

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Email Address

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Passport Number and Country of Issuance

Date of Expiration

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Emergency Contact Name and Telephone Number

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Health Insurance Provider and Policy Number

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Name of person you would like to room with or note if you choose Single Supplement

I have enclosed my personal check or money order in the amount of \$600.00 as a deposit, which reserves my space on the above-named tour.

I understand the Terms and Conditions that apply to this reservation.

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Signature and Date

Checks are payable to Olde Ipswich Tours, 8 Herrick Dr., Ipswich, MA 01938  
Tel. 877-356-5163 | Fax 877-356-5163 | Email: [info@ipswichtours.com](mailto:info@ipswichtours.com)  
*Olde Ipswich Tours highly recommends travel insurance.*