



Olde Ipswich Tours
Small Group Gourmet Travel

Tour Reservation Form

Name and Date of Tour

Last Name (as it appears on passport)

First and Middle Names (as they appear on passport)

Street Address

City/State/Zip Code

Telephone Number(s)

Date of Birth (Month/Day/Year)

Email Address

Passport Number and Country of Issuance

Date of Expiration

Emergency Contact Name and Telephone Number

Health Insurance Provider and Policy Number

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.

Signature and Date

Checks are payable to Olde Ipswich Tours, 2 Central Street, Suite 9, Ipswich, MA 01938
Tel. 978-356-5163 | Email: info@ipswichtours.com
Olde Ipswich Tours highly recommends travel insurance.