

RESERVATION FORM (Please Print)

Name of Tour _____

Date of Tour _____

FULL NAME (TSA Security rules require full name of all passengers - no initials)

Date of Birth (Required by TSA) _____

STREET ADDRESS _____

CITY, STATE, ZIP CODE _____

PHONE NUMBERS (Include Area Code) _____

Passport Number and Date of Expiration _____

Email Address _____

Optional Travel Protection Insurance is available and advisable. Information will be mailed to you if you wish. I do/do not wish to purchase optional travel protection insurance (Initial and date please)

_____ Yes I am interested _____ No, I do not wish to purchase insurance. Date _____

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_____ Yes I am interested _____ No, I do not wish to purchase insurance. Date _____

Type of Accommodations? One Bed _____ Two Beds _____ Other _____

Special Needs (Dietary, allergies, walking difficulties, medical conditions) _____

Policies pertaining to deposits, final payments, cancellation deadlines and other pertinent information will be found on flyers, in our catalogue, or other sources. Please be familiar with all policies that apply to this particular tour. If you have questions, call our office at the number below for clarification.

Name

Name

DATE

DATE

Return Form And Deposit To
LEISURE WEST TOURS & CRUISES, 1266 Strong Street, Brighton, Colorado 80601
Telephone: 303-659-4858 Fax: 303-659-8532 Email: lwt@leisurewesttours.com