



## RESERVATION FORM

Select tour dates:

- October 5-11, 2024 Dordogne (\$2,750 double occupancy)
- April 5-11, 2025 Provence (\$2,750 double occupancy)
- April 12-18, 2025 Provence (\$2,750 double occupancy)
- April 19-25, 2025 Provence (\$2,750 double occupancy)
- May 10-16, 2025 Dordogne (\$2,750 double occupancy)
- May 17-23, 2025 Dordogne (\$2,750 double occupancy)

Single Supplement?  (additional \$300 per person)

**FIRST PERSON:**

Name: \_\_\_\_\_

Gender: Male ( ) Female ( )

Name on Passport (if different): \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

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

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

Phone: Work \_\_\_\_\_ Home \_\_\_\_\_ Mobile \_\_\_\_\_

Email: \_\_\_\_\_

**SECOND PERSON:**

Name: \_\_\_\_\_

Gender: Male ( ) Female ( )

Name on Passport (if different): \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

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

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

Phone: Work \_\_\_\_\_ Home \_\_\_\_\_ Mobile \_\_\_\_\_

Email: \_\_\_\_\_

\*Attach another sheet for additional people.

I understand that this is a physically demanding tour, meaning that I'll walk from 1 to 3 miles per day in hilly terrain, on uneven surfaces, and up and down stairs, that I'll do a fair amount of standing while sightseeing, and that I will be required to carry my own luggage from the train to the van and from the van to the guest house. I understand that this is a non-smoking tour, and that no smoking is permitted in the van, in the guest house, or indoors anywhere when other tour members are present.

I have read the Terms and Conditions and understand that the enclosed \$500.00 per person deposit is a Reservation Deposit to hold my place on the above tour and that an additional deposit of 50% of the remaining balance is required by January 26, 2025, and that payment in full is due by March 1, 2025.

I have read and signed the Liability Waiver.

I further understand that my address, phone number and email address will be given to no one other than fellow tour members.

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

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

Sign and mail this form with the signed liability waiver and your deposit check in the amount of **\$500** per person, per trip, to:

**Kaydie's Tours of Provence**  
**2616 NW 37th Terrace,**  
**Gainesville, FL 32605**