

RESERVATION FORM

TUSCANY AND VENICE

SEPTEMBER 13 TO SEPTEMBER 24, 2010

PLEASE PRINT NAME AS IT APPEARS IN PASSPORT

Name(s) _____

Address _____

Telephone: Day () _____ Evening () _____

Circle: Partial single or Double room

Rooming with: _____

E-mail _____

Payment per person: \$500.00 payable to Marty's Photo Tours

All cancellation and responsibility clauses have been read and are accepted by the person(s) enrolled on this form.

Each participant must sign. Names and signatures MUST match your passport names. Any name corrections or changes after ticketing will incur a \$200.00 change fee.

Date _____

Signature 1. _____

Signature 2. _____

PLEASE NOTE: FINAL PAYMENT DUE JULY 13, 2010 (60 DAYS PRIOR TO DEPARTURE)

**Please mail with your check to:
Marty's Photo Tours
2515 Winchester Ave.
Phila. Pa 19152-1313**