

KITTY COLEY EXPEDITIONS

GALAPAGOS RESERVATION FORM

Since we have only 15 spaces reserved on this Expedition, hold your place now while you clear your calendar with a deposit of only \$39, applicable to the cost of the trip. This will be applied to the cost of the trip.

A \$600 deposit will confirm your space for this Expedition.

Deposits should be made by check made payable to Noble Journeys. Send your form to:

**NOBLE JOURNEYS
5435 E. PLACITA DEL MESQUITE
TUCSON, AZ 85712**

RESERVATION INFORMATION

DESTINATION Galapagos Islands DEPARTURE DATE Nov. 14th, 2008

Name _____
(Print full name as it appears on passport for each traveler.)

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (H) _____ (W) _____

e-mail _____ Fax _____

ACCOMMODATIONS

Are you a smoker? Yes ___ No ___

Name of person with whom you wish to room _____

Assign roommate. Yes ___ No ___ I desire single accommodations. Yes ___ No ___ (single accommodations are limited)

DIETARY REQUIREMENTS

Regular ___ Vegetarian ___

AIR TRANSPORTATION

International Expeditions can assist you with air reservations from your home town.

Please make my domestic air reservations from _____ Airport.

*Please charge my domestic airfare. Yes ___ No ___

*Please charge my international airfare. Yes ___ No ___

*CREDIT CARD INFORMATION

Credit Card Name _____ Credit Card # _____ Expiration _____

***Note: If your deposit is paid by credit card, the final payment will automatically be charged to the same credit card on the appropriate due date.**

I would like to make reservations for the person(s) listed above in accordance with the enclosed deposit. **Each participant must sign this waiver.**

Date _____ Signature _____

Date _____ Signature _____

Cancellation Fees: For Voyages or Small Ship Cruises:

- \$175 from the time of booking to 90 days prior to departure.*
- 50% of the full program cost from 89 to 61 days prior to departure
- 100% of the full program cost from 60 to 0 days prior to departure.

**PERSONAL DATA FOR TRAVEL DOCUMENTS:
PLEASE COMPLETE THE FOLLOWING INFORMATION FOR EACH PERSON.**

NAME: _____ NICKNAME: _____

DATE OF BIRTH: _____ AGE: _____

NATIONALITY: _____

PASSPORT NUMBER: _____

OCCUPATION: _____

NAME: _____ NICKNAME: _____

DATE OF BIRTH: _____ AGE: _____

NATIONALITY: _____

PASSPORT NUMBER: _____

OCCUPATION: _____

NAME: _____ NICKNAME: _____

DATE OF BIRTH: _____ AGE: _____

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NAME: _____ NICKNAME: _____

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NATIONALITY: _____

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512-447-8556
WWW.KITTYCOLEY.COM**