



# BOOKING FORM

MAKE CHECKS PAYABLE & MAIL TO: TRAVEL 4 LESS INT'L TOURS - 117 VIP Dr. Suite 220  
Ph / Fax: 724 934.4880 x 343 - WEXFORD (PA) 15090 - info@travel4less.us

**DEPOSIT REQUIRED PER PERSON \$300 (NOT REFUNDABLE)**

ENCLOSED A CHECK FOR THE TOTAL AMOUNT OF \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TEL:(\_\_\_\_) \_\_\_\_\_ OFFICE TEL: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

**DOUBLE (TWO PERSONS)**       **SINGLE (1 PERSON + \$ 870.00 Single supplement)**

**TRAVEL INSURANCE PROTECTION PLAN**

**IMPORTANT NOTE ABOUT TRAVEL INSURANCE:** To protect against these penalties in the event of illness or accident, we recommend you very especially to buy a policy with your trusted insurance agent.  
**For more information go to <http://www.travelguard.com/>.**

**PLEASE SEND US A COPY OF YOUR PASSPORT.**

**IN CASE OF EMERGENCY WHO IS YOUR FAMILY WE CAN COMUNICATE?**

NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TEL:(\_\_\_\_) \_\_\_\_\_ OFFICE TEL: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

**ITINERARY AND PRICE ARE SUBJECT TO CHANGE UNTIL RECEIPT OF DEPOSIT.  
DEVIATIONS ARE NOT PERMITTED.**

**VISA & MASTERCARD ONLY (EXPENSES SUPPLEMENT OF 3%)**

**NOTE: I HAVE CAREFULLY READ AND ACCEPT THE CONDITIONS OF THIS TOUR**

**PASSENGER SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_

**MAIN OFFICE**  
117 VIP Dr Suite 220  
WEXFORD (PA) 15090  
Ph: 724-934-4880 x 343  
info@travel4less.us



**REP. OFFICES: CALIFORNIA**  
1890 Clay St. Apt # 1203  
San Francisco Ca, 94109  
Ph: 415 844 0432  
ibrignole@yahoo.com

**ILLINOIS**  
172 N, E. River Rd Suite E  
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Des Plaines (IL) 60016  
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Ph/Fax: +39 06 917.8073  
Mob: +39 393 574-2757  
sergio@travel4less.us

**TRAVEL4LESS**  
*International Tours*

## IRREVOCABLE AUTHORIZATION FORM TO COLLECT

**FOR THE TOUR from \_\_/\_\_/\_\_ to \_\_/\_\_/\_\_ OF CARDHOLDER**

**PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO OUR OFFICE BY FAX: 412 341.4420 OR BY REGULAR MAIL TO sergio@travel4less.us**

PASSENGER NAME: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

\_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Credit Card Type:

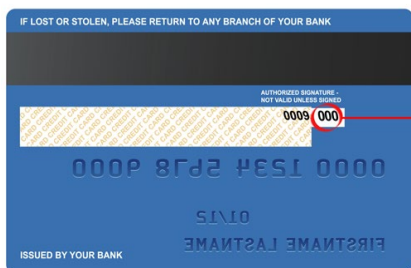


Credit Card Number:

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date:

\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_



Card Identification Number  
(last 3 digits located on the back  
of the credit card): \_\_\_\_\_

On your card you can find your CVV/CVC code here.

**Amount Charged: \$ \_\_\_\_\_ (USD)**

**FAX or send the authorization to:**

**TRAVEL 4 LESS International Tours**  
Fax: 412 341.4420 or Email: sergio@travel4less.us