LT1151: Foothills Forage Italy Ag & Sightseeing Tour: Feb 19th - March 5th, 2025		
Passenger 1	Surname Given Name (As	per passport) Date of Birth (MM/DD/YY)
Passenger 2	Surname Given Nam	e (As per passport) Date of Birth (MM/DD/YY)
Mailing Address	/	rovince/State ountry
Contact Informat	ion Home Phone Fax	Cell Phone Email
Emergency Contact	Name Address	Relationship Phone/Emergency
Special Requirements - Please mention any special needs or requirements that the tour leader should know about:Example: Medical Conditions, Medications, Allergies, Disabilities, Impairments, other		
Italy Ag & Sightseeing Tour Pricing:Land Only: Twin Rate: \$6731pp = (30-34 passengers) / \$7039pp = (25-29 passengers) / \$7637pp (20 -24 passengers) Single Traveler: Please call for single rate		
PAYMENT REQUIREMENTS: 1) Deposit of CAD \$1000.00 per person is required Aug 30th to secure your seat 2) Second Deposit of \$1000 per person is due Oct 1st, 2024 3) Final payment is due on or before Nov 1st, 2024 (Leader Tours will invoice final amount)		
		I authorize Leader Tours to charge the card provided for the deposit listed above.
I have insurance through another provider		Card Type: Card Number:
I would like to purchase insurance through Leader Tours		Exp: CVV:
Booking Conditions: 1. Deposit of \$1000pp is due Aug 30th, 2024 2. Tour deposit is 100% non-refundable 3. Guaranteed departure with 24passenger minimum 4. Tour itinerary is subject to change 5. Second deposit of \$1000pp due Oct 1st, 2024 6. Final payment due Nov 1st, 2024 7. I am physically able to travel 8. Must show proof of travel insurance 9. I have read & understand the booking conditions		Name on card:
		Signature: Date:
		Leader Tours Inc. 55 Cougar Ridge Court SW Calgary, Alberta, T3H 5C8 Phone/Fax Toll Free: 1-844-370-7044 Email:Lawrence@leadertours.ca P: 403-764-2044 F: 403-764-2042
Signature:	Date:	