

ESCORTED TOUR APPLICATION FORM

Please complete, sign and return to address below.

NAME OF TOUR: _____ PROMOTION CODE: _____ AIR & LAND LAND ONLY (Please select one)
DEPARTING DATE: _____ FROM _____ (City) TO _____ (City)
RETURNING DATE: _____ FROM _____ (City) TO _____ (City)

Please add the following optional Pre- or Post-Tour Extension(s): _____

Name must match exactly as it appears/will appear on your passport. If passport number is not available upon registration, please provide as soon as available; no later than final payment.

NAME #1: _____ / _____ / _____ Date of Birth _____ / _____ / _____
(Last Name as it appears on passport) (First Name as it appears on passport) (Middle Name as it appears on passport) (mo / day / year)

Passport #: _____ Issuing Country: _____ Passport Expiration Date: _____ / _____ / _____
(Provide when available, no later than final payment) (mo / day / year)

Gender: M F How do you want your badge to read _____

NAME #2: _____ / _____ / _____ Date of Birth _____ / _____ / _____
(Last Name as it appears on passport) (First Name as it appears on passport) (Middle Name as it appears on passport) (mo / day / year)

Passport #: _____ Issuing Country: _____ Passport Expiration Date: _____ / _____ / _____
(Provide when available, no later than final payment) (mo / day / year)

Gender: M F How do you want your badge to read _____

Final documents for all passengers listed will be sent to the address provided below unless otherwise indicated:

ADDRESS: _____ / _____ / _____ / _____
(No. & Street) (City) (State) (Zip Code)

E-MAIL: _____ PHONE: (_____) _____ /Home (_____) _____ /Cell _____

How did you find out about this tour? _____

Did you select this tour based on: (If more than one answer applies, please indicate ranking by 1 being your first consideration.)

____ Visits to specific city/region ____ Overall general itinerary ____ Date of tour

Please comment on any aspect of this tour itinerary which is of particular interest to you: _____

TYPE OF ROOM: Single Double (1 double bed) Double (2 twin beds) NAME OF ROOMMATE/S: _____

IF YOU ARE TRAVELING WITH ANOTHER PARTY, PLEASE INDICATE NAME/S: _____

To coordinate flights with travel companions coming from different cities, please state your request in writing. Exact flight schedules cannot be guaranteed unless a written confirmation is received from Brekke Tours.

SINGLES: If you do not wish to have a roommate, please check this box . Should you wish to room with another single person requesting a roommate, please check this box and answer the following questions: Do you smoke? Yes No. Do you mind if roommate smokes? Yes No. May we give your phone number to a prospective roommate? Yes No. Please note that you will be charged a single supplement fee. Should a roommate be found, you will receive a refund.

AIRLINE SEATING: Groups seats are assigned at the discretion of the airline. Your seating request will be submitted, however, specific seat assignments cannot and will not be guaranteed. Seat numbers may not be advised until check-in at the airport: Aisle Middle Window Adjacent

SEATING UPGRADE: Please send me/us a quote for: Economy Comfort Business Class

Please advise if you have any special needs of which the tour director or airlines should be aware: _____

DIET: The following SPECIAL DIET is requested for: (Name/s of passenger/s) _____
 Sugar-free salt-free vegetarian kosher low-cholesterol other _____ Flight Only Flight & Land/Cruise

In case of an emergency, notify: _____ Relationship: _____

Phone:(_____) _____ Cell:(_____) _____ Email: _____

Group Travel Insurance - please select one (see Group Travel Insurance page for more information):

I/we would like to purchase insurance in the amount of \$ _____ Total Premium Amount (Insurance Premium x number of people purchasing insurance)

I/we choose to decline the insurance (I/we understand that any costs incurred by cancellations and/or flight delays are my/our responsibility and can entail considerable expense.)

I/we have read, understand and agree to the terms and conditions, including the "responsibility" provisions, stated in Brekke's Terms & Conditions.

Signature _____ Date _____

Enclosed is payment in the amount of \$ _____ for tour deposit/full payment (see Terms & Conditions) PLUS full payment for group travel insurance (if requested).

If payment by credit card is preferred, please complete the following information: Please charge \$ _____ to my/our VISA MASTERCARD AMEX

Card # _____ Exp. Date _____ / _____ CVC# _____ Cardholder's Name _____

Billing Address (if different from above): _____ / _____ / _____ / _____
(No. & Street) (City) (State) (Zip Code)

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