



Reservation Form

Tour number:		
Name (as it appears on your passport):		
Address:		
City:	State:	Zip:
Telephone:	Email address:	
Will your room be a: () single (limited) () double () triple		
Name of Roommate	Are you a () smoker () non-smoker	
Are you a US citizen? () Yes () No Passport No.		
<p>Please return this form with your check to: LITTLE FLOWER TOURS & TRAVEL, LTD. 145 Fieldstone Road Staten Island, New York 10314 ☎ 718-761-1251 or outside NY call 888-843-7373 www.littleflowerpilgrimages.com email: susan@littleflowerpilgrimages.com</p> <p>A \$700.00 DEPOSIT IS DUE AT TIME OF BOOKING FINAL PAYMENT IS DUE 70 DAYS BEFORE DEPARTURE</p>		
TERMS AND CONDITIONS: Cancellation made by passengers. Of the \$700.00 deposit, \$300.00 is non-refundable in case of cancellation. 70 days to 46 days a \$700.00 penalty is imposed. 45 days to 16 days a \$700.00 penalty PLUS any penalty imposed by the airlines and hotels. 15 days or less may result in loss of entire cost, depending on what we can recover. Once travel has commenced, no refunds for unused portions can be made. TRAVEL INSURANCE IS AVAILABLE AND ADVISABLE.		
To confirm your reservation, please sign below indicating that you have read and agree to the Terms and Conditions above.		
Signature:	Date:	



Credit card () MasterCard () Visa () American Express	
Account #:	Expiration date:
Name (as it appears on your card)	
Billing Address:	
Amount to be charged: \$	
Signature:	Date:

A 3 % fee will be charged if you use of a credit card for payment.