

Registration Information

Ful	I Name				
Ad	dress				
City	y/State/Zip				
Ет	ail				
Pho	one	_ Cell [Ноте		
Ма	iin Tour Room type (check one)				
	Single Occupancy: 3,490 Euros				
	Double Occupancy: 3,190 Euros pe	r person			
	Roommate				
Special Needs Please list any allergies or food/dietray restrictions					
Na	Emergency Cont	cact			
Phone			Ноте		

Payment & Deposit

950 Euros is due May 31, 2019

Payable by Credit Card

Final Balance of payment is due August 15, 2019

Balance to be paid by Credit Card

No refunds will be given if notice is received 30 days or less prior to scheduled tour departure.

Trip Dates

PASSEGGIATE IN PUGLIA October 15-25, 2019

Reservations

Space it limited. Our small group size will enhance and insure your authentic Pugliese experience.

Not Included

All fights, travel Insurance, incidentals, & souvenirs.

Recommendations

It's best to fly into the Bari Airport (BRI) and depart from Brindisi (BDS)

YLTOUR highly recommends travel insurance to assist you in the event of medical emergency, lost baggage, cancelled trip or any other trip related issue.

YLTOUR reserves the right to make modifications and to make substitutions to the itinerary as necessary to improve the trip quality or to accommodate the comfort, convenience and well being of the travelers. In this event, YLTOUR will always substitute an equal or better option.

Please keep a copy of this page for your records. You are not officially registered until your forms and deposit are received.



Agreement of Release and Waiver of Liability

Availability is first come first served and not guaranteed until receipt of registration form and payment.

By paying the deposit you assume complete and full responsibility for the proposed travel Passeggiate in Puglia / Mariana Fiorentino shall not be responsible for any injuries, losses, or damages in connection with accommodations, facilities, ground transportation, diseases, local laws, weather conditions, mishaps before, during or after the trip.

Payment and Deposit: €950 is needed to reserve your space, Payable by Credit Card. Deposit is not refundable. The remaining balance is due by credit card by August 15, 2019. Refunds of final payment will be honored as follows: Notice received between 31-60 days of scheduled tour departure: 50% refund. No refunds will be given if notice is received 30 days or less prior to scheduled tour departure.

You agree to indemnify and hold harmless Passeggiate in Puglia / Mariana Fiorentino from and against any losses, costs, damages, and expenses.

Please disclose any dietary restrictions at the time of registration. By registering you state that you are in good health and have no medical condition that prevents you from participating in activities, such as prolonged standing, uphill and downhill walking. You are responsible for any medical expenses incurred during the trip. Please explore travel insurance.

Additional Helpful Information: Single and double rooms available. Registrants must be eighteen years or older. You will need a passport. Bring comfortable clothes, walking shoes, and pack for layers. Italy uses the euro and you can withdraw Euros at ATM machines, although in many of the small towns we will visit they are not readily available so you will want to plan ahead. It is best to bring some euros with you for souvenirs, incidentals, etc. Remember to pack your medications and prescriptions. Credit cards in Europe operate with chips; others will not work. If you would like to tip the local guides or drivers, 2-3 euros a day is suggested.

For registration forms please email MagicalPuglia@gmail.com

Name (please print)		
Signature	Date	

Credit Card Authorization Form

Moneta, Master Card, Maestro, Visa/Electron, Diners

Please enter the information exactly as it appears on the credit card / scan it and send it back to us with both sides of your credit card and your signature on that page as well.

PLEASE NOTE: This payment will appear on your credit card statement as a charge from:

My Italy Consulting srl with a Lecce Billing Address.

First Name:	
Last Name:	
Place and date of birth:	
Card Type:	
Card Number:	
Expiration MM/YY:	
Card Verification Number:	
Billing Address:	
City:	
State:	
Zip:	
Country:	
E-mail:	
Phone:	
I hereby authorize My Italy Consulting srl. to charge my credit card the amo Your signature on this Credit Card Authorization Form is an acknowledgment that you read My Italy Consulting srl Conditions of Business with details of the policies cancellations and refunds for the travel arrangements you have made	unt of Euro have received and on payments /
Card Holder Signature	Date