

Quantum Tours Reservation Form

Please complete for **each person** going on tour (Use a separate sheet if necessary)

Tour destination:

Departure Date of tour:

Is this a private or custom tour? Y N

Are you taking any tour extensions? Y N

I wish to share a double room with:

I require a single room: Y N

Traveler # 1 Name (on passport):

What name do you like to be called?:

Address:

City:

State:

Zip code:

Day phone: ()

Evening phone: ()

Fax:

Email:

I am a smoker: Y N

Have you ever taken a tour with us?: Y N

If Yes, to where and when?:

***Important * How did you find out about our tours?:**

Traveler # 2 Name (on passport):

What name do you like to be called?:

Address:

City:

State:

Zip code:

Day phone: ()

Evening phone: ()

Fax:

Email:

I am a smoker: Y N

Have you ever taken a tour with us?: Y N

If Yes, to where and when?:

And how did you find out about our tours?:

I/We understand that in order for a place to be reserved for me/us on this tour a check for \$300.00 per person must be received by Quantum Tours as a deposit toward full payment. Full payment must be received by or before 60 days prior to the tour date. I/We have read and agree to Quantum Tours Terms and Conditions as stated.

Traveler # 1 Signature:

Traveler #2 Signature:

Date signed:

Date signed:

We appreciate your completing these necessary forms and look forward to an extraordinary tour with you. Thank you.

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