

Registration Form
Backroads of Western France
May 30- June 9, 2011

Passport Name(s) **1.** _____

2. _____

On the lines above please print your name EXACTLY as in your passport.

Address _____

City/Town _____ State _____ Zip _____

Home phone (____) _____ Work phone (____) _____

E-mail _____

Passport # **1** _____ Expiration Date _____ Birth Date _____

Passport # **2** _____ Expiration Date _____ Birth Date _____

Delta Frequent Flyer #'s **1.** _____ **2.** _____

Any special needs/wishes _____

(For example, Single room, airplane seating, medical or dietary needs.) Note: These are on a request basis.

Any special occasion _____

(For example a birthday or anniversary while we are traveling,)

My roommate will be _____

A **deposit of \$300 per person** (by check or credit card to Higgins Travel) is required with your application. Make checks payable to: Higgins Travel & mail to 2514 Golf Road, Eau Claire, WI 54701. For credit card payment, please complete below. **Final payment is due March 1, 2011**

Insurance: Voluntary trip insurance is **\$250 per person. Insurance must be paid with the deposit.**

I/we accept insurance _____ I/we decline insurance _____

I authorize a payment of \$ _____ on my credit card for deposit and insurance if checked.

Card type _____ Number _____ Exp ____/____

Card ID Code: _____ (last 3 digits on back of card or 4 digits for American Express)

Signature _____

In case of an emergency please contact:

Name _____

Address _____

Higgins Travel
2514 Golf Road
Eau Claire, WI 54701
715-834-2686 or 800-274-7790
www.higginstravel.com

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Relationship _____ Phone/email _____

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