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For Reservations Contact: Donny Roach (903) 593-2300 email: donny@goamericantours.com American Tours. PO Box 8723. Tyler. TX 75711-8723

| A deposit of \$698 per person is due upor April 28, 2024 are based upon availability YOUR INFORMATION: | . Final payment due by S | September 05, 202 | 4. Deposits are refundab | le up until May 05, 20 | |
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| Clearly print your full name (first/middle/las IMPORTANT: In order to avoid any unneces the legal name and be 100% identical to the | sary change fees, it is im | perative that all gue | st names are entered corr | ectly from the start. Th | |
| First: | Middle: | | _Last: | | Suffix: |
| Nickname: | Gender: () Male | e () Female | Date of Birth: month _ | day_ | year |
| Address: | | City: | | State: | Zip Code: |
| Phone: () | Cell: (|) | | Email Address: | |
| Passport Number: | Expiration | Date: (month/day | //year) | _Date of Issuance: (r | month/day/year) |
| City, State, Country of Issuance: | | | | _ Citizenship: | |
| Should you become ill or injured, wh | om should we contac | t (not traveling w | vith you): | Phor | ne: () |
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TOUR: Rome & the Amalfi Coast **GROUP NAME:** American Tours

DEPARTURE DATE: Nov 04, 2024 BOOKING NUMBER: 1196419

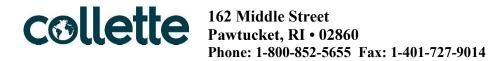
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CREDIT CARD AUTHORIZATION FORM

| BOOKING NUMBER: 1196419 | TOUR: Rome & the Amalfi Coast | | | |
|--|-------------------------------|--------------------|------------|--|
| DEPARTURE DATE: November 4, 2024 | GROUP NAME: American Tours | | | |
| Name of Passenger: | | | | |
| Salutation: First Name: | Middle Initial: | Last Name: | Suffix: | |
| (Mr., Mrs., Rev.) | (Please print as it ap | pears on Passport) | (Jr., Sr.) | |
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