

ITALY PLUS TOURS, LLC

CONTACT INFORMATION FORM (list family or friend NOT traveling with you)

TOUR (list full dates of tour) : _____

Name _____

Address _____

Phone number / cell number _____

Emergency contact name and cell number _____

Allergies : Please note it is **your** responsibility when traveling to be aware of what is allowable for you medically with (but not limited to) any environment and or food allergies.

HOTEL ROOM PREFERENCE:

(Single / Double Married / Double Two beds) _____

Spouse / Partner Name _____

Address _____

Phone number / cell number _____

Emergency contact name and cell number _____

Allergies : Please note it is **your** responsibility when traveling to be aware of what is allowable for you medically with (but not limited to) any environment and or food allergies.

HOTEL ROOM PREFERENCE:

(Single / Double Married / Double Two beds) _____