Group Traveler Reservation Form

Group Coordinator/Organization name: _____

Tour Reference Number: _____

Tour selection

Name of tour: _____

Departure date: _____ Departure city: _____

I would like to purchase the tour extension offered by Go Ahead Tours. O Yes O No

I would like to purchase the following optional excursions: _____

_____

Traveler Information

Traveler 1: _____ Passport #: _____ Expiration Date_____

(Name exactly as it appears on your passport) Male/Female: _____ D.O.B: ____ /___/_____ (mm dd yy)

Address: _____ City: _____State: _____ Zip: _____

Email address: _____ Tel: (___)_____ Alt Tel: (___)_____

Special Dietary Needs/Conditions: _____

Emergency contact person: _____ Relation: _____

Tel: (___)_____ Alt Tel: (___)_____

Traveler 1: _____ Passport #: _____ Expiration Date_____

(Name exactly as it appears on your passport) Male/Female: _____ D.O.B: ____ /___/_____ (mm dd yy)

Address: _____ City: _____State: _____ Zip: _____

Email address: _____ Tel: (___)_____ Alt Tel: (___)_____

Special Dietary Needs/Conditions: _____

Emergency contact person: _____ Relation: _____

Tel: (___)_____ Alt Tel: (___)_____

Accommodations

O 2 Twin beds O Double bed (one bed for two) O Single room (private accommodations; single supplement charges apply)

Roommate name: _____ Note: If your roommate is not yet reserved, you will be booked in a single room temporarily.

Travel Protection

I would like to purchase the following travel protection:

O TravelSafe Gold w/ Flight Cancellation O TravelSafe Plus package O Other: __Medical __Baggage & Property __Trip Cancellation/ Interruption

(Travel Protection is not active until paid for. Free upgrade to Anytime Travel Protection activated only when TravelSafe Gold or TravelSafe Plus is paid for within 14 days of reservation.)

Payment information

Reservation fee: $_____ + Insurance fee: $_____ = Total payment due: $_____

O I have enclosed a check or money order for the total fee of: $_____

(Please include the names of all travelers on your check or money order and mail to the address below.)

O I authorize you to charge my credit card for the total fee of: $_____

O MasterCard O Visa O American Express Card number: _____ Exp. date: ___/___/____ (mm dd yy)

Cardholder name: _____ Cardholder signature: _____

Terms & Conditions

I/we understand and accept that the information above is accurate and any flight request or changes must be made at least 120 days prior to departure. Any changes made after this date will result in additional fees.

Signature (TRAVELER 1) _____ Date _____

Signature (TRAVELER 2) _____ Date _____

Terms & Conditions

For complete Terms & Conditions, please visit www.goaheadtours.com/terms, or call 1-800-438-7672.

Go Ahead Vacations

The tour operator for your trip is EF Cultural Travel Ltd. Haldenstrasse 4, CH-6006, Lucerne, SWITZERLAND, organization number: CH-100.3.026.585-3, VAT number 596 344. Go Ahead Vacations, Inc. is an affiliate of EF Cultural Travel, Ltd., and acts only as a sales and marketing provider for that company. Go Ahead Vacations, Inc. does not provide any goods or services for your trip. Invoices pertaining to such tours are issued by Go Ahead Vacations, Inc. on behalf of EF Cultural Travel Ltd. The services provided are tax-exempt with credit in accordance with Swiss Federal Law with regard to Value-Added Tax Art. #19.

In the event of any claim, dispute or proceeding arising out of this Agreement, or any claim which in contract, tort, or otherwise at law or in equity arises between the parties, whether or not related to this Agreement, the parties submit and consent to the exclusive jurisdiction and venue of the courts of the Commonwealth of Massachusetts and of the United States District Court for the District of Massachusetts.