

Registration Form

Complete this registration form, then fax it to 231-533-5033 or mail it to the following address. All registrations must be confirmed by phone.

Italian Horizons
112 Maple Street
Bellaire, MI 49615 USA



I would like to confirm our participation in the following trip:

I will meet you in the designated departure location/airport on the specified day. I understand that cancellation penalties do apply.

I plan to return:

On the departure date specified in the trip itinerary.

On an alternate departure date.* If so, I understand that Italian Horizons is not responsible for aspects of this trip that aren't either specifically outlined in the trip itinerary or otherwise confirmed with Italian Horizons.

***Customized adventures are our specialty. Please contact Beth Kershner at 231-533-5033 to discuss your airline itinerary prior to purchasing your airline tickets.**

Name 1:

Address:

Primary Phone:

Fax:

Alternate Phone:

Email:

I have the following food allergies/dislikes:

Other pertinent information:

I would like a brochure about travel insurance.

Name 2:

Address:

Primary Phone:

Fax:

Alternate Phone:

Email:

I have the following food allergies/dislikes:

Other pertinent information:

I would also like a brochure about travel insurance.